



COUNTY BOROUGH OF BURNLEY.

REPORT
OF THE
Medical Officer of Health
ON THE
Public Health and Sanitary Administration
FOR THE YEAR
1952

D. C. LAMONT, M.B., CH.B., D.P.H.
MEDICAL OFFICER OF HEALTH.
SCHOOL MEDICAL OFFICER.

INDEX

	Pages		Pages
Abattoirs	57-58	Health Visiting	36
Ambulance Service	48	Health Education	44
Ante Natal Care	37-38	Home Nursing Service	41-42
Anthrax Order, 1938	60	Home Helps	40
Area and Population	10	Housing	55-57
Atmospheric Pollution	68	Houses Let in Lodgings	51
B.C.G. Vaccination	30	Housing Statistics	56
Bakeries	53	Ice Cream	61-62
Baths	49	Illegitimate Children	34
Births	11:33	Immunisation	26-28
Blindness	44-45	Infant Mortality	21
Care of Aged and Sick and Infirm	42-43	Infant Welfare Centres	35
Care of Mothers and Young Children	32-36	Infectious Diseases	23-25
Cancer	22	Maternal Mortality	34
Causes of Death	20	Meals on Wheels Service	40
Child Minding	34	Measles	23
Committees	4	Meat Inspection	57-58
Common Lodging Houses	51	Medical Aid—Midwifery	37
Convalescent Treatment	43	Medical Examinations	68
Deaths	11-12:20	Mental Health Service	45-48
Deaths in Institutions	20	Meteorology	68-69
Dental Treatment—Mothers and Young Children	38-39	Midwifery Service	36-38
Diphtheria	23	Milk, Bacteriological Examination	60
Diphtheria Immunisation	26-28	Milk (Special Designations) (Raw Milk) Regulations, 1949	61
Dirty Houses	52	Milk Supply	60
Diseases of Animals	59	Milk (Special Designations) (Pasteur- ised and Sterilised) Regulations, 1949	61
Disinfection	25	Municipal Midwives	36-38
Disinfestation	56	National Assistance Act, 1948	44
Domestic Help Service	39-40	Notification of Births	33
Domiciliary Midwifery	36-38	Nursing Homes	37
Factory and Workshops Inspection	54	Nursing Requisites	43 44
Fish and Chip Shops	53	Nurseries	34
Food and Drugs Act	59	Offensive Trades	52
Food—Analysis of Samples	63-66	Offices—Inspection of	53
Food Hygiene	62	Ophthalmia Neonatorum	33
Food Poisoning	23		

	Pages		Pages
Pemphigus Neonatorum	33	Sheep Scab Order, 1938	59
Pet Animals Act, 1951	61	Shops Act, 1950	52
Pneumonia	23	Sick-Room Equipment	43-44
Police Court Proceedings	67	Smallpox	23
Population	12	Smoke Abatement	51
Post-Natal Care	37-38	Staff	7-9
Premature Infants	34	Statistical Summary	10
Prevention of Illness, Care and After-Care	43-45	Stillbirths	11:33
Prevention of Damage by Pests Act	53		
Public Cleansing	49	Tuberculosis—B.C.G. Vaccination	30
Public Health Meat Regulations, 1924	59	" Deaths	29
Puerperal Pyrexia	34	" Notification	29
		" Order, 1938-46	60
Rag Flock Act	52	" After-Care	30
Rainfall	68		
Rateable Value	10	Vaccination against Smallpox	26
Registrar General's Classification of Causes of Death	18-19	Vaccination against Tuberculosis	30
Rodent Control	53	Venereal Diseases	31
		Vital Statistics	11-22
Sanitary Accommodation	52	Vitamin Supplements	33
Sanitary Conditions of Schools	53		
Sanitary Inspections	50-51	Water Supply	49
Scabies	25	Welfare Foods	32
Scarlet Fever	23	Weather	68-69
		Whooping Cough	23

3466

HEALTH COMMITTEE

1952-53.

†*‡THE WORSHIPFUL THE MAYOR (MISS ALDERMEN M. GILLESPIE, J.P.), Chairman.

†*‡COUNCILLOR W. HEAP (Vice-Chairman).

ALDERMAN J. HERBERT.

COUNCILLOR J. W. CLITHEROE.

ALDERMAN L. INGHAM.

†*‡COUNCILLOR J. LORD.

†*‡MISS COUNCILLOR E. UTLEY.

COUNCILLOR T. E. GALLAGHER.

†MRS. COUNCILLOR A. HEAP, M.B.E.

†*‡COUNCILLOR J. H. SUTCLIFFE.

*‡MISS COUNCILLOR M. NUTTALL.

COUNCILLOR J. CASSIDY.

COUNCILLOR H. BARRATT.

†Member of Standing Sub-Committee.

*Member of Mental Health Sub-Committee.

‡Member of Care and After-Care Sub-Committee.



PUBLIC HEALTH DEPARTMENT,
BURNLEY.
AUGUST, 1953.

MY MAYOR, LADIES AND GENTLEMEN,

I have the honour to present to you my twenty-second report on the health of the Borough.

This report, which covers the year 1952, also includes as an appendix a survey report of the Health Services, which was requested by the Ministry of Health and which was sent to the Ministry early in 1953. This survey, which has been kept within reasonable compass, includes an account of the Local Health Authority's services as existing at the end of 1952 and a general review of their working as part of the wider National Health Service, and describes the means taken to link them up with the other parts of the National Service. Some of the other sections of this report have consequently been curtailed.

The Registrar General's estimate of the population for 1952 is 83,860. This is over 1,000 less than the 1951 Census figure, and 1,540 less than the population enumerated on National Registration in 1939. Since 1931 the population has fallen by 14,399. Whereas in the eight years prior to 1939, the population of the Borough decreased by about 1,600 each year, the decrease in the last 13 years has been reduced to about 120 each year. This apparent slowing-down of the decrease in population is due in the main to the temporary increase of the birth rate which occurred between 1942 and 1949, but as this higher birth rate is not now being maintained, and as the most recent estimated figure indicates, the decrease in the population will probably again become accelerated unless industrial development within the Borough should take place and attract workers from elsewhere.

The number of live births registered for the Borough was 1,182, representing an adjusted live birth rate of 14·65 per 1,000 of the population. This number of births is less than that of the previous year by 72. The deaths numbered 1,195, giving an adjusted death rate of 13·39. Reference to statistics elsewhere in this report will show that the Burnley birth rate is considerably lower and the death rate considerably higher than that of England and Wales as a whole. 40% of the Burnley residents are aged 45 years and over.

The infant mortality for 1952 has reached a record low figure of 31·30 per 1,000 births, and although it is still higher than the figure for the whole Country, it is less than half that which pertained in the quinquennium 1937-1941. The preservation of child life in recent years is shown by the changed incidence of ages at death. Whereas in the year 1911, 39% of deaths were of children under five years of age, in 1952 the figure is only 3·8%. Of the 46 deaths of children under 5 years of age, only 3 were due to accidents.

The number of notifications of infectious diseases was 3,215, but of these 2,412 were in respect of measles. No major outbreak of other infectious disease, apart from whooping cough, occurred. Only four cases of acute poliomyelitis were notified. During the last seven years, during which acute poliomyelitis has been more prevalent in this Country, only 28 cases have occurred in Burnley.

The transfer at the end of the year under review of two infant welfare centres, previously held in church halls, to the Gannow Clinic gives the advantage of supervision and medical examination of infants in better equipped and more convenient premises, but some mothers who previously attended the Rosegrove and Claremont Centres find that they have further to walk to Gannow clinic.

The frequency of domiciliary visiting by health visitors of pre-school children has not yet reached a desirable figure, but the recent increase in staff will help to ensure a more adequate service.

The trend of midwifery is for more women to enter Bank Hall Maternity Hospital for their confinements, and whereas prior to the establishment of the National Health Service, only 44% of Burnley births took place in hospital, the figure has now increased to 66%.

The improved environment and brighter rooms in Gannow clinic have amply justified the transfer there of the Occupation Centre for mental defectives.

Particulars of the other services administered by the Council, as Local Health and Sanitary Authority, will be found in the various sections of this report and in the appendix.

I would again express my thanks to the Chairman and Members of the Health Committee for their continued support and assistance.

The staff of the Health Department have carried out their duties efficiently and loyally.

I am,

Ladies and Gentlemen,

Your obedient servant,

D. C. LAMONT,

Medical Officer of Health.

SECTION I

STAFF AT 31st DECEMBER, 1952.

Medical Officer of Health and School Medical Officer	}	D. C. LAMONT, M.B., Ch.B., D.P.H.
Deputy Medical Officer of Health		L. J. COLLINS, M.B., Ch.B., B.A.O., D.P.H.
Assistant Medical Officer, School Health Service, and Care of Mothers and Children, etc.	}	E. P. WHITTAKER, M.B., Ch.B., M.R.C.S., L.R.C.P.
Part-time Medical Officer, Tuberculosis After-Care	}	G. GEMMILL, M.B., Ch.B., D.P.H.
Part-time Ophthalmic Surgeon		K. BROWN, M.C., M.B., Ch.B., D.O.M.S., D.O. (Oxon.)
Part-time Ear, Nose and Throat Surgeon		T. S. STEWART, M.B., Ch.B., F.R.C.S.
Part-time Medical Officer Ante Natal Clinic	}	MRS. A. REED, M.R.C.S., L.R.C.P.
Veterinary Officer and Chief Meat Inspector	}	J. K. SHAW, M.R.C.V.S.
Chief Dental Officer		J. PILLING, L.D.S.
Assistant Dental Officer		K. JACKSON, L.D.S.
Borough Analyst		H. DEDICOAT, F.R.I.C.
Chief Sanitary Inspector and Inspector under Food Act	}	F. SHUTTLEWORTH, ab
Deputy Chief Sanitary Inspector		J. PESTER abc
Sanitary Inspectors	}	L. N. BRUNSKILL ab W. GRANGE ab D. M. KNOWLES a P. MOTTRAM a J. W. ORMEROD ab R. D. RICHARDS a K. SHACKLETON a M. STOTT a W. R. TAYLOR a
Pupil Sanitary Inspectors—2. Disinfectors—3. Rodent Operatives—3		
Superintendent Nursing Officer and Supervisor of Midwives	}	MISS E. S. FRANKS dghij

Health Visitors (Care of Mothers and Children, Tuberculosis and School Health Service)

MISS F. ANFORTH dgj
 MRS. K. ASHWORTH dghj
 MRS. E. BOOTH dgj
 MRS. M. N. DANN dgj
 MISS L. R. FIRTH.
 MRS. F. LISTER d
 MRS. M. E. McKELVEY dghj
 MISS M. O'BRIEN dghj
 MISS L. WHITTAKER dghk
 MISS M. WILKINSON dgj
 MISS I. WILSON dgj
 MRS. D. WOODHEAD d
 Two Student Health Visitors.

Municipal Midwives

MRS. A. BINKS dgh
 MRS. J. CLARKE g
 MRS. S. CRYER gh
 MISS E. LAYFIELD gh
 MISS M. SIMPSON gh
 MRS. E. SPENCER dgh
 MISS H. STANDEN gh
 MISS E. WALKER dgh
 MISS N. WILLIAMS dgh
 MISS E. GIBSON gh

Educational Psychologist ..

MRS. C. RIVETT, M.A.

Orthoptist

MISS S. SUTCLIFFE, D.B.O.

Physiotherapist

Vacancy.

Speech Therapist ..

MISS F. M. JONES, L.C.S.T.

Superintendent District Nursing Service

MISS M. FIRTH dejk

Assistant Superintendent

MRS. D. F. PICKLES de

**District Nurses
 (5 full-time ; 9 part-time)**

MRS. J. BAKER dg
 MRS. U. BOOTHMAN dm
 MRS. C. CRAWLEY f
 MRS. A. DALY f
 MISS E. J. DIXON fg
 MRS. D. GULLIFORD f
 MRS. A. HOWARTH f
 MISS C. MITCHELL f
 MRS. D. NEWTON deg
 MRS. E. A. PROCTOR f
 MRS. A. REID de
 MRS. C. D. A. THOMPSON deg
 MRS. N. WILLIS d
 MR. J. STARKIE f

Day Nurseries :

Bank Hall

MATRON—MISS L. WALLIS dg
 Nursing Staff 15.

Hargher Clough ..

MATRON—MRS. H. McCUTCHEON I
 Nursing Staff 6.

Mental Health Service :				}	W. PHILLIPS. R. FELL dno
Authorised Officers	....	....	....
Female Social Worker	....	....	....		MISS A. BURKE no
Occupation Centre :					
Supervisor	....	....	....		MRS. D. MARSDEN p
Assistant Supervisor	....	....	....		MRS. B. FOREST.
Domestic Help Service :					
Organiser	....	....	....		MRS. A. G. BARBER.
Domestic Helps 44 whole-time, 2 part-time.					
Ambulance Officer	....	....	....		D. SCULLY, M.M.
Driver Attendants 20.					
Clerical Staff :					
Chief Clerk	....	....	....		H. V. HARTLEY, A.C.C.S. (a)
Clerks, Public Health Service				}	H. SIMPSON.
					A. PILLING.
					W. BALDWIN.
					R. BLAKELEY
					R. G. BARRY.
					D. WILLIAMS.
					J. HOLT (H.M. Forces).
					MISS J. SUTHERLAND.
					MRS. W. NEVE.
					MISS M. HODGKINSON.
Clerks, School Health Service				}	MISS P. CATLOW.
					S. JACKSON f
					MISS N. HIRST.
					MISS F. DIXON.
					MISS S. WILLS.
Clerk Dental Attendants				}	MISS M. MOORE.
					MISS A. H. TAYLOR.
					MISS D. DENT.

(a) Certificate—Sanitary Inspector's, (b) Certificate—Meat and Other Foods, (c) Certificate—Smoke Inspector's, (d) General Trained State Registered Nurse, (e) Queen's Nurse, (f) State Enrolled Assistant Nurse, (g) State Certified Midwife, (h) Certificate in Analgesia, (i) Teacher's Certificate of C.M.B., (j) Health Visitor's Certificate, (k) Part I Certificate of C.M.B., (l) Certificate of Nursery Nurses Examination Board, (m) State Registered Fever Nurse, (n) Certificate of Royal Medical Psychological Association, (o) State Registered Mental Nurse, (p) Certificated Teacher.

SECTION II

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

SUMMARY OF STATISTICS.

1.—GENERAL STATISTICS.

Area in Statute Acres	4,686 acres.
Area fully developed, or in course of development	3,212 acres.
Population, Census, 1951	84,950
Registrar General's Estimate of Population middle of 1952	83,860
Density of Population, i.e., Number of Persons per Acre built upon	26.1
Number of Houses in Borough, December, 1952	28,657
Number of Inhabited Houses (March, 1953) according to Rate Books	28,753
Number of New Houses Erected in 1952	237
Rateable Value (April, 1953/4)	£588,834
Sum represented by a Penny Rate Paid in 1953/4	£2,390

2.—EXTRACTS FROM VITAL STATISTICS.

(REGISTRAR GENERAL'S RETURN).

	M.	F.	1952 Total	1951 Total
Live Births: Legitimate	585	513	1,098	1,188
Illegitimate	43	41	84	66
	<u>628</u>	<u>554</u>	<u>1,182</u>	<u>1,254</u>
Crude Birth Rate per 1,000 of estimated resident population			14.09	14.88
Adjusted for A.C. Factor (1.04)			14.65	15.47
Stillbirths: Legitimate	12	14	26	32
Illegitimate	3	3	6	2
	<u>15</u>	<u>17</u>	<u>32</u>	<u>34</u>
Rate per 1,000 total (live and still) births			26.36	26.40
Number of Deaths (Males 598, Females 597)			1,195	1,450
Crude Death Rate per 1,000 of estimated resident population			14.25	17.20
Adjusted for A.C. Factor (0.94)			13.39	16.16
Maternal Mortality	Deaths		Rate per 1,000 total live and still births.	
			1952	1951
Pregnancy, Childbirth, Abortion	—		0.00	0.00

	1952	1951
Number of Deaths of Infants under 1 year of age	37	41
Death Rate of Infants under 1 year of age:		
All Infants per 1,000 live births	31.30	32.69
Legitimate Infants per 1,000 Legitimate live births	27.32	31.99
Illegitimate Infants per 1,000 Illegitimate live births	83.33	45.45
Death Rates per 1,000 population from:—		
Pulmonary Tuberculosis	0.27	0.35
All forms of Tuberculosis	0.29	0.41
Respiratory Diseases (excluding Pulmonary Tuberculosis)	1.63	2.17
Influenza	0.11	0.78
Cancer	2.06	2.29
Notifiable Infectious Diseases (excluding Tuberculosis)	0.01	0.05
Death Rate from Diarrhoea and Enteritis of Children under 2 years of age, per 1,000 births	3.38	—
Deaths from Measles (all ages)	1	1
Deaths from Acute Poliomyelitis	—	1
Deaths from Whooping Cough (all ages)	—	1
Deaths from Meningococcal Infections	—	1
Deaths from Diarrhoea under two years of age	4	—

VITAL STATISTICS.

Live Births.

1,482 live births (777 males, 705 females) were registered in Burnley during 1952. After correction for 47 inward and 347 outward transferable births, a net total of 1,182 births, or a decrease of 72 on the total for 1951 is obtained.

The live birth rate was 14.09, as compared with 14.88 in 1951. In order, however, to compare the local rate with the rate for England and Wales, it must be adjusted, by a comparability factor, to make an approximate allowance for the way in which the sex and age distribution of the local population differs from that of England and Wales as a whole. The adjusted birth rate of Burnley for 1952 is 14.65. The Burnley rate is appreciably less than the rate for England and Wales, which is 15.3, and also less than that of the 160 County Boroughs and Great Towns, which is 16.9.

The number of illegitimate live births was 18 more than in the previous year, the percentage of illegitimate births being 7.1 as compared with 5.2 in 1951.

Stillbirths.

During the year there were 32 stillbirths, giving a rate of 26.36 per 1,000 total (live and still) births, as compared with 26.40 in 1951.

Deaths.

One thousand five hundred and fifteen civilian deaths were registered in Burnley during the year. Of this number 392 deaths of non-residents, chiefly occurring in Public Institutions, have been excluded, leaving 1,123 deaths of residents. To this number has been added 72 deaths of Burnley people who have died in other districts.

After these corrections a net total of 1,195 deaths is obtained (males 598, females, 597), giving a crude death rate of 14.25 per thousand of population, as compared with 17.20 for 1951 and 15.61, the average for the previous 10 years. The adjusted death rate for Burnley is 13.39, and is considerably higher than the death rate for England and Wales, which is 11.3, and also higher than that of the 160 County Boroughs and Great Towns, which is 12.1.

There were 46 deaths of children under 5 years of age, representing 3.8% of the total deaths; of these 37 were children under 1 year of age. 9 deaths were children between 5 and 15 years of age; 56 deaths were of persons aged 15 to 45 years; 295 between 45 and 65 years; and 789 or 66.0% of the total deaths were aged 65 years and upwards.

90.8% of the deaths were persons over 45 years of age.

Percentage of deaths in year groups according to age.

Ages	1911	1921	1931	1941	1951	1952
Under 1 year	27%	19%	8%	6%	2.8%	3.1%
1-5 years	12%	7%	4%	2%	0.9%	0.7%
5-15 years	4%	3%	2%	1%	0.8%	0.7%
15-45 years	15%	15%	15%	10%	5.3%	4.7%
45-65 years	21%	26%	31%	30%	25.9%	24.8%
65 years and over	21%	30%	40%	51%	64.3%	66.0%

Trend of Population.

The Registrar General's Estimate of population at the middle of 1952 is 83,860; 420 less than that of 1951.

During 1952 and the preceding ten years the birth rate was higher than in any of the years between 1929 and 1942. The decline in the population between 1931 and 1945 averaged about 1,400 each year; during the next five years there was an increase of approximately 5,800, but since 1950 the population has fallen by 1,060. The death rate in Burnley is again higher than the birth rate, and after adjustment, for comparison, it is still almost 3 per 1,000 higher than that of England and Wales.

The population recorded in the 1951 Census was 84,950. It was estimated that by the middle of 1952, it had decreased to 83,860, a loss of over 1,000 in about fifteen months. It is estimated that of the 1951 Census population, approximately 33,200 or 40% were 45 years of age and over, and about 9,300 (or 11%) were 65 years of age and over. The proportions of the local population who are old people and women beyond child bearing age are high. The death rate must, therefore, inevitably remain high for many years to come. The tendency in recent years is for the birth rate to decrease. Consequently it may be assumed that the population of the Borough will continue to diminish unless there is a marked change upwards in the number of births and unless new industries are established to attract considerable numbers of young married people to the town.

Birth-rates, Death-rates, Analysis of Mortality, Maternal Death-rates, and Case-rates for certain Infectious Diseases in the year 1952.

(Provisional figures, supplied by the Registrar-General with the exception of those relating to Burnley).

	England and Wales	160 County Boroughs and Great Towns including London	160 Smaller Towns (Resident Populations 25,000 to 50,000 at 1951 Census)	London Adminis- trative County	Burnley
	Rates per 1,000 Home Population.				
BIRTHS:—					
Live	15.3	16.9	15.5	17.6	14.65(c)
Still	0.35	0.43	0.36	0.34	0.38
	22.6(a)	24.6(a)	23.0(a)	19.2(a)	26.36(a)
DEATHS:—					
All Causes	11.3	12.1	11.2	12.6	13.39(c)
Typhoid and Paratyphoid					
Fevers	0.00	0.00	0.00	—	—
Tuberculosis	0.24	0.28	0.22	0.31	0.29
Whooping Cough	0.00	0.00	0.00	0.00	—
Diphtheria	0.00	0.00	0.00	0.00	—
Influenza	0.04	0.04	0.04	0.05	0.11
Smallpox	0.00	—	—	—	—
Acute Poliomyelitis (including Polio-Encephalitis)	0.01	0.01	0.00	0.01	—
Pneumonia	0.47	0.52	0.43	0.58	0.40
NOTIFICATIONS (Corrected)					
Typhoid Fever	0.00	0.00	0.00	0.00	—
Paratyphoid Fever	0.02	0.02	0.03	0.01	0.02
Meningococcal Infection	0.03	0.03	0.03	0.02	—
Scarlet Fever	1.53	1.75	1.58	1.56	1.73
Whooping Cough	2.61	2.74	2.57	1.66	4.64
Diphtheria	0.01	0.01	0.03	0.01	0.01
Erysipelas	0.14	0.15	0.12	0.14	0.19
Smallpox	0.00	0.00	0.00	—	—
Measles	8.86	10.11	8.49	9.23	20.53
Pneumonia	0.72	0.80	0.62	0.57	1.20
Acute Poliomyelitis (including Polioencephalitis)					
Paralytic	0.06	0.06	0.06	0.06	0.02
Non-Paralytic	0.03	0.03	0.02	0.03	0.02
Food Poisoning	0.13	0.16	0.11	0.18	0.11
Puerperal Pyrexia	17.87(a)	23.94(a)	10.22(a)	30.77(a)	33.77(a)
	Rates per 1,000 Live Births.				
Deaths under one year of age	27.6(b)	31.2	25.8	23.8	31.30
Deaths from Diarrhoea and Enteritis under two years of age	1.1	1.3	0.5	0.7	3.38

(a) Per 1,000 Total (Live and Still) Births.

(b) Per 1,000 related Live Births.

(c) Adjusted by Registrar-General's A.C.F. figure.

**VITAL STATISTICS OF WHOLE DISTRICT DURING 1952 AND THE PREVIOUS
10 YEARS.**

Year.	R.G's Population estimated to Middle of each year.	Live Births.			Total Deaths Registered in the District		Transferable Deaths		Nett Deaths belonging to the District.			
		Uncorrected Number	Nett.		Number	Rate	Non-residents registered in the District	Residents not registered in the District	Under 1 Year of Age.		At all Ages.	
			Number	Crude Rate					Numb'r	Rate per 1,000 Nett Births.	Numb'r	Crude Rate.
1942	80,340	1,160	1,124	14.00	1,520	18.92	372	81	69	61.4	1,229	15.30
1943	79,970	1,367	1,306	16.52	1,593	20.15	342	51	75	57.4	1,302	16.46
1944	78,380	1,445	1,358	17.33	1,497	19.09	339	58	56	41.24	1,216	15.52
1945	79,080	1,293	1,218	15.40	1,416	17.90	250	71	77	63.22	1,237	15.64
1946	82,680	1,654	1,591	19.24	1,456	17.63	315	67	71	44.63	1,208	14.61
1947	83,650	1,831	1,831	21.89	1,588	18.98	293	63	90	49.15	1,358	16.23
1948	84,560	1,528	1,467	17.35	1,469	17.37	327	62	73	49.76	1,204	14.24
1949	84,590	1,488	1,384	16.36	1,616	19.10	355	52	59	42.63	1,313	15.52
1950	84,920	1,568	1,347	15.86	1,690	19.90	442	62	66	49.00	1,310	15.43
1951	84,280	1,510	1,254	14.88	1,813	21.51	446	83	41	32.69	1,450	17.20
Average 10 years	82,155	1,484	1,388	16.88	1,566	19.05	348	65	68	49.11	1,283	15.61
1952	83,860	1,482	1,182	14.09	1,515	18.06	392	72	37	31.30	1,195	14.25

COMPARATIVE STATEMENT OF VITAL STATISTICS.

YEAR 1952.

	Crude Birth Rate	Crude Death Rate	Infant Mortality Rate		Death Rate from Phthisis	Death Rate from other Tub. Diseases	Maternal Mortality Rate (per 1,000 Total Live and Still Births)						
			Year 1952	Average 5 years 1947-51			Sepsis of pregnancy	Abortion with Toxæ- mia & other Toxæmias of pregnancy	Haemorr- hage of pregnancy	Abortion without sepsis or toxæmia	Abortion with sepsis	Other com- plications of pregnancy	Total
England and Wales ...	15.3	11.3	27.6	33	*	*	0.09	0.23	0.09	0.04	0.07	0.20	0.72
160 Great Towns	16.9	12.1	31.2	37.6	*	*	*	*	*	*	*	*	*
Birkenhead	18.2	12.6	35	49	0.23	0.04	....	....	....	....	....	0.74	0.74
Burnley	14.09	14.25	31	45	0.27	0.02	....	....	....	....	....	....	Nil.
Bury	14.68	14.20	30	37	0.26	0.05	....	....	....	....	....	1.13	1.13
Halifax ...	14.39	14.14	27	34	0.17	0.02	0.69	....	....	....	....	....	0.69
Liverpool ..	20.0	11.4	35	48	0.34	0.04	....	....	....	....	....	0.43	0.43
Manchester..	17.53	12.16	34	43	0.38	0.03	0.08	0.08	0.16	0.08	0.08	0.23	0.71
Oldham ..	14.96	13.96	43	44	0.29	0.07	....	....	....	....	....	1.08	1.08
Preston ...	16.44	12.19	32	43	0.23	0.01	....	....	....	....	....	....	Nil.
Rochdale ..	15.2	14.3	39	47	0.29	0.05	....	....	....	....	....	0.74	0.74
Salford ..	17.57	12.15	35	47	0.35	0.01	....	0.32	0.31	....	....	....	0.63
St. Helens	17.8	10.4	38	49	0.34	0.03	....	....	....	....	....	0.50	0.50
Stockport	14.97	12.62	29	40	0.25	0.06	....	....	0.47	0.06	....	0.93	1.86
Wallasey	16.50	12.47	33	35	0.18	0.03	....	....	....	....	....	0.58	0.58
Wigan	16.10	13.15	41	51	0.12	0.05	....	....	....	....	....	....	Nil.

* Not available.

Showing Birth Rates, Mortality Rates from all causes, from Tuberculosis of the Lungs, Respiratory Diseases and Malignant Diseases, together with Infantile Mortality and Infantile Diarrhoea Death Rates per 1,000 Births.

Year	Popula- tion	Birth Rate	Death Rate	Mortality Rates per 1,000 Population from			Infantile Diarrhoea Death Rate per 1,000 Births	Infantile Mortality per 1,000 Births	Infantile Mortality per 1,000 Live Births, England and Wales
				Pul- monary Tuber- culosis	Respirat'y Diseases (excluding Pulmonary Tuberculosis)	Malignant Diseases			
1882-1886 ..	—	38.9	23.2	2.31	5.15	0.24	34.9	212	142
1887-1891 ..	—	35.9	22.2	1.64	6.21	0.30	27.9	217	145
1892-1896 ..	—	35.1	21.9	2.06	5.27	0.44	29.9	202	151
1897 ..	93,033	33.8	22.1	2.21	3.60	0.59	26.9	223	156
1898 ..	94,036	31.9	19.0	1.82	3.58	0.55	44.6	194	160
1899 ..	95,039	29.9	23.6	1.78	4.22	0.57	82.8	273	163
1900 ..	96,041	30.5	19.7	1.67	4.23	0.54	51.1	208	154
1901 ..	97,043	27.5	18.9	1.65	3.68	0.69	58.6	227	151
Average 5 years ..		30.7	20.7	1.83	3.86	0.59	52.8	225	157
1902 ..	98,158	29.6	19.3	1.44	3.96	0.85	23.4	175	133
1903 ..	99,061	27.3	18.7	1.51	3.88	0.55	42.4	216	132
1904 ..	99,971	26.8	19.4	1.49	3.62	0.64	70.8	232	145
1905 ..	100,889	26.3	16.6	1.46	3.13	0.73	46.1	174	128
1906 ..	101,816	28.0	19.9	1.38	4.04	0.72	73.3	212	132
Average 5 years ..		27.6	18.8	1.46	3.73	0.70	51.2	202	134
1907 ..	102,751	29.0	17.7	1.38	4.14	0.67	24.1	156	118
1908 ..	103,696	28.6	18.2	1.23	3.41	0.80	52.2	201	120
1909 ..	104,648	25.4	16.3	1.15	3.90	0.56	21.5	157	109
1910 ..	105,610	25.4	16.5	1.03	3.18	0.84	37.0	168	105
1911 ..	106,322	23.2	18.1	1.04	3.16	0.77	81.3	210	130
Average 5 years ..		26.3	17.4	1.17	3.56	0.73	43.2	178	116
1912 ..	108,012	23.0	15.0	0.85	3.36	0.82	14.5	145	95
1913 ..	109,021	22.8	16.8	0.96	3.31	0.90	49.8	174	108
1914 ..	110,040	23.5	16.4	1.02	3.77	0.85	27.0	158	105
1915 ..	103,098	19.5	16.9	0.88	4.08	0.76	38.8	166	110
1916 ..	100,183	16.5	17.3	0.94	3.76	1.15	19.4	151	91
Average 5 years ..		21.1	16.5	0.93	3.66	0.90	29.9	159	102

1917	93,779	14.4	16.0	1.12	3.44	0.94	12.6	143	96
1918	90,770	14.3	18.9	0.85	4.02	1.22	5.5	126	97
1919	102,391	15.6	15.2	0.91	3.67	1.03	8.7	118	89
1920	105,030	23.3	14.1	0.72	2.90	1.22	13.8	129	80
1921	105,300	22.3	13.6	0.64	2.73	1.41	17.9	118	83
Average 5 years	18.0	15.6	15.6	0.85	3.35	1.16	11.7	127	89
1922	105,100	18.6	15.4	0.87	3.28	1.03	6.1	114	77
1923	104,800	17.4	13.4	0.90	2.69	1.38	4.9	103	69
1924	103,400	16.4	14.8	0.70	3.59	1.14	8.2	126	75
1925	102,300	16.0	14.8	0.81	3.17	1.23	3.0	109	75
1926	99,600	16.1	13.2	0.69	2.25	1.32	8.1	86	70
Average 5 years	16.9	14.3	14.3	0.79	3.00	1.22	6.1	108	73
1927	99,270	15.2	15.4	0.72	2.21	1.55	8.6	110	69
1928	100,700	15.0	13.3	0.86	1.72	1.59	6.7	79	65
1929	100,200	14.0	15.0	0.74	2.16	1.55	10.7	104.8	74
1930	99,180	13.35	12.7	0.70	1.36	1.48	10.5	75.5	60
1931	97,210	12.0	14.2	0.75	1.78	1.56	3.9	85.9	66
Average 5 years	14.11	14.1	14.1	0.75	1.84	1.54	8.1	91.0	67
1932	95,900	12.1	13.0	0.71	1.06	1.34	3.4	86.4	65
1933	94,300	11.8	14.6	0.69	1.23	1.69	11.1	74.7	64
1934	93,100	11.65	13.5	0.57	1.06	1.81	3.6	70.3	59
1935	91,390	12.22	14.7	0.68	1.68	1.52	2.8	66.4	57
1936	88,650	11.71	14.13	0.60	1.21	1.66	1.8	63.6	59
Average 5 years	11.95	14.0	14.0	0.65	1.25	1.60	4.5	72.3	61
1937	87,310	12.53	15.53	0.61	1.43	1.62	2.86	75.2	58
1938	82,980	12.42	15.47	0.59	1.03	1.70	3.83	72.9	53
1939	80,340	12.02	17.36	0.66	1.63	1.64	0.91	61.1	50
1940	79,070	16.52	16.16	0.69	1.20	1.97	0.97	72.4	55
1941	78,380	15.40	15.72	0.65	1.30	1.90	4.0	74.3	59
Average 5 years	16.49	15.51	15.72	0.75	1.17	1.77	2.51	71.2	55
1942	79,080	16.52	15.30	0.51	1.54	2.0	2.66	61.4	49
1943	82,680	17.33	16.46	0.59	1.36	2.22	5.36	57.4	49
1944	84,560	15.86	15.52	0.48	1.60	1.68	2.90	41.2	46
1945	84,920	14.88	15.64	0.68	1.52	2.02	3.28	63.22	46
1946	83,650	17.35	14.61	0.43	1.44	2.04	0.63	44.63	43
Average 5 years	16.49	15.51	15.51	0.59	1.44	1.99	2.96	53.37	46
1947	84,560	17.35	16.23	0.44	1.91	1.91	6.55	49.15	41
1948	84,920	14.88	14.24	0.45	1.22	1.81	5.45	49.76	34
1949	84,920	17.35	15.52	0.45	1.63	2.08	2.17	42.63	32
1950	84,920	15.86	15.43	0.29	1.64	2.04	5.19	49.00	30
1951	84,280	14.88	17.20	0.35	2.17	2.29	—	32.69	30
Average 5 years	17.27	15.72	15.72	0.40	1.71	2.03	3.87	44.65	33
1952	83,860	14.09	14.25	0.27	1.63	2.06	3.38	31.30	28

REGISTRAR GENERAL'S SHORT LIST.

CLASSIFICATION OF CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN
THE COUNTY BOROUGH OF BURNLEY DURING 1952.

Causes of Death	Sex	0—	1—	5—	15—	25—	45—	65—	75—	All Ages
1. Tuberculosis, respiratory	M	—	—	—	1	3	6	6	—	16
	F	—	—	—	1	2	3	1	—	7
2. Tuberculosis, other	M	—	—	—	—	1	—	—	—	1
	F	—	1	—	—	—	—	—	—	1
3. Syphilitic disease	M	—	—	—	—	—	2	1	—	3
	F	—	—	—	—	—	1	1	—	2
4. Diphtheria	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
5. Whooping cough	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
8. Measles	M	—	—	—	—	—	—	—	—	—
	F	—	—	1	—	—	—	—	—	1
9. Other infective and parasitic diseases..	M	—	—	—	—	—	—	—	1	1
	F	—	—	1	—	—	1	—	—	2
10. Malignant neoplasm, stomach	M	—	—	—	—	1	8	8	4	21
	F	—	—	—	—	1	3	4	7	15
11. Malignant neoplasm, lung, bronchus	M	—	—	—	—	1	17	8	1	27
	F	—	—	—	—	—	1	2	1	4
12. Malignant neoplasm, breast	F	—	—	—	—	1	4	4	—	9
13. Malignant neoplasm, uterus	F	—	—	—	—	1	7	3	1	12
14. Other malignant and lymphatic neoplasms	M	—	—	—	—	—	15	19	12	46
	F	—	1	1	—	1	9	14	13	39
15. Leukæmia, aleukæmia	M	—	—	—	—	—	1	—	—	1
	F	—	—	—	—	1	1	—	—	2
16. Diabetes	M	—	—	—	—	1	—	—	1	2
	F	—	—	—	—	—	1	4	1	6
17. Vascular lesions of nervous system	M	—	—	—	—	2	9	34	27	72
	F	—	—	—	—	—	18	30	39	87
18. Coronary disease, angina	M	—	—	—	—	—	58	28	15	101
	F	—	—	—	—	—	11	24	20	55

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE COUNTY BOROUGH
OF BURNLEY—(Continued).

Causes of Death	Sex	0—	1—	5—	15—	25—	45—	65—	75—	All Ages
19. Hypertension with heart disease	M	—	—	—	—	—	1	7	7	15
	F	—	—	—	—	—	3	5	1	9
20. Other heart disease.....	M	—	—	—	1	5	13	19	41	79
	F	—	—	—	—	—	18	39	78	135
21. Other circulatory disease	M	—	—	—	—	1	1	14	12	28
	F	—	—	—	—	3	5	13	14	35
22. Influenza	M	—	—	—	—	—	—	4	2	6
	F	—	—	—	—	—	—	1	2	3
23. Pneumonia	M	5	1	—	—	1	5	3	3	18
	F	4	—	—	—	1	5	2	4	16
24. Bronchitis.....	M	—	1	—	—	—	13	23	9	46
	F	—	—	—	—	—	7	14	28	49
25. Other diseases of respiratory system...	M	—	—	—	—	1	2	1	—	4
	F	—	—	—	—	1	—	1	2	4
26. Ulcer of stomach and duodenum	M	—	—	—	—	—	3	3	2	8
	F	—	—	—	—	—	1	—	—	1
27. Gastritis, enteritis and diarrhoea	M	1	—	—	—	—	1	1	—	3
	F	3	—	—	1	—	—	2	1	7
28. Nephritis and nephrosis.....	M	—	—	—	—	—	4	—	5	9
	F	—	—	—	—	2	—	4	7	13
29. Hyperplasia of prostate	M	—	—	—	—	—	1	2	10	13
30. Pregnancy, childbirth, abortion	F	—	—	—	—	—	—	—	—	—
31. Congenital malformations	M	2	—	—	—	—	—	—	—	2
	F	3	1	—	—	1	1	—	—	6
32. Other defined and ill-defined diseases.	M	12	—	2	2	3	8	14	13	54
	F	6	2	—	3	4	20	11	15	61
33. Motor vehicle accidents	M	—	—	2	1	—	—	1	—	4
	F	—	—	—	—	—	—	1	—	1
34. All other accidents	M	—	—	1	—	4	—	1	3	9
	F	1	2	1	—	—	—	—	4	8
35. Suicide	M	—	—	—	—	1	6	1	1	9
	F	—	—	—	1	1	1	4	—	7
36. Homicide and operations of war	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
TOTAL (all causes)	M	20	2	5	5	25	174	198	169	598
	F	17	7	4	6	20	121	184	238	597

Causes of Death.

In the table below the chief causes of death are shown.

Diseases of the heart were the cause of approximately one third of the total deaths and were more than twice the number due to the next most common cause of death, namely cancer. Deaths from all forms of malignant growths were seven times those due to tuberculosis. Intra-cranial lesions of blood vessels took third place in the causes of death. Fatal accidents, suicide and other forms of violence were responsible for 3·2% of the deaths, and exceeded the number dying from tuberculosis. 11·5% of the deaths were due to respiratory diseases other than tuberculosis; 0·8% died from Influenza and 1·9% from Nephritis.

	No. of Deaths	Percentage of Total Deaths
Heart Diseases	394	32·9
Other Diseases of the Circulatory System	63	5·3
Cancer.... ..	173	14·5
Respiratory Diseases (other than Tuberculosis)	137	11·5
Influenza	9	0·8
Intra-Cranial Vascular Lesions (Cerebral Hæmorrhage, etc.)	159	13·3
All forms of Tuberculosis	25	2·1
Accidents, Violence, etc.	38	3·2
Nephritis	22	1·9

Deaths in Institutions.

785 deaths occurred in the Burnley Hospitals during the year. Those shown in the following list as having died in the Maternity Hospital are mainly deaths of newly-born infants.

	Deaths of Burnley Residents	Deaths of Non- Residents	Total
General Hospital.... ..	254	264	518
Victoria Hospital.... ..	130	97	227
Bank Hall Maternity Hospital	15	12	27
Infectious Diseases Hospital	8	5	13
Total	407	378	785

Infant Mortality.

Forty-nine deaths of infants under one year of age were registered during the year 1952. After correction for inward and outward transferable deaths, a net total of 37 deaths is obtained, or 4 less than the net deaths registered in 1951.

Live Births		Infantile Deaths		Infant Death Rate per 1,000 Live Births		
Males	Females	Males	Females	Males	Females	Both Sexes
628	554	20	17	31·8	30·7	31·30

Death rate amongst legitimate infants per 1,000 legitimate births 27·32

Death rate amongst illegitimate infants per 1,000 illegitimate births 83·33

Twenty-two deaths occurred of infants within four weeks of birth, giving a **neo-natal mortality** of 18·61 per 1,000 live births.

The infant mortality is less than the previous year and the lowest ever recorded in the Borough. It is, however, higher than that of the whole country. The neo-natal mortality shows an increase on the 1951 figure.

INFANT MORTALITY DURING THE YEAR 1952.

NET DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER ONE YEAR.

Cause of Death	Age at Death												Totals	*General Hospital	*Victoria Hospital	*Bank Hall Hospital	*Inf. Dis. Hospital
	Under 1 day		1-7 days		Over 1 week to 4 weeks		Over 1 month to 6 mths		Over 6 months to 12 mths								
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Both Sexes	Both Sexes					
Gastro-Enteritis	—	—	—	—	—	—	—	3	1	—	1	3	4	—	—	—	2
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia (all forms)	—	—	—	—	—	1	4	1	1	1	5	3	8	2	—	—	1
Convulsions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Prematurity	4	1	2	5	—	—	1	—	—	—	7	6	13	—	—	10	—
Spina Bifida and Meningocele ..	—	—	1	—	—	1	—	—	—	—	1	1	2	—	—	2	—
Other Congenital Malformations	—	—	—	1	—	—	1	1	—	—	1	2	3	2	—	1	—
Birth Injuries	1	1	2	—	—	—	—	—	—	—	3	1	4	—	—	1	—
Atelectasis	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1	—
All other causes	—	1	—	—	—	—	1	—	—	—	1	1	2	1	—	—	1
Totals all causes	6	3	5	6	—	2	7	5	2	1	20	17	37	5	—	15	4

* Denotes that the figures shown in these columns are also included in the age groups.

Diarrhœa and Enteritis.

During the year there were four deaths from diarrhœa and enteritis in children under two years of age.

Cancer.

The deaths from Cancer, which were twenty less than in 1951, were 14·5% of the total deaths. This is an increase over the 1951 figure, which was 13·3%. Although there has been no marked increase in the number of deaths occurring annually from cancer in the last twenty years, the average percentage of cancer deaths to total deaths in the last four quinquennial periods show a slight upward tendency.

Cancer deaths as a
percentage of total deaths.

Average for years 1933-37	....	....	....	....	11·6%
„ 1938-42	....	....	....	....	11·7%
„ 1943-47	....	....	....	....	12·6%
„ 1948-52	....	....	....	....	13·4%

The deaths from Cancer during the last twenty years:

Year	No. of Deaths from Cancer	% of total Deaths	Year	No. of Deaths from Cancer	% of total Deaths
1933	162	11·4	1943	176	13·5
1934	171	13·4	1944	132	10·9
1935	156	11·4	1945	160	12·9
1936	152	11·7	1946	169	13·9
1937	145	10·4	1947	160	11·8
1938	151	12·1	1948	153	12·7
1939	142	10·6	1949	176	13·4
1940	164	11·4	1950	173	13·2
1941	156	11·7	1951	193	13·3
1942	160	13·0	1952	173	14·5

SECTION III

PREVALENCE AND CONTROL OVER INFECTIOUS
AND OTHER DISEASES.

The incidence and deaths from some of the notifiable diseases (apart from Tuberculosis) during 1952 are as follows:—

	No. of Cases Notified	Case Rate per 1,000 of pop'lat'n	No. of Deaths	Mortality per 1,000 Cases
Scarlet Fever	145	1.73	—	—
Whooping Cough	389	4.64	—	—
Diphtheria	1	0.01	—	—
Measles	1,722	20.53	1	0.58
Meningococcal Infection	—	—	—	—
Dysentery	10	0.12	—	—
Ophthalmia Neonatorum	2	0.02	—	—
Puerperal Pyrexia	41	0.50	—	—
Erysipelas	16	0.19	—	—
Para-typhoid	2	0.02	—	—
Acute Polio-myelitis	4	0.04	—	—
Food Poisoning	9	0.11	—	—

SMALLPOX:—No notifications were received during 1952.

SCARLET FEVER:—One hundred and forty five cases occurred throughout the year, of which 68 were isolated in the Infectious Diseases Hospital.

DIPHTHERIA:—One notification was received in 1952.

MEASLES:—One thousand seven hundred and twenty two cases of measles were notified as compared with 886 in the previous year. In addition 690 cases of German Measles occurred.

WHOOPING COUGH increased during the year, 389 cases being notified, 268 of which were children under 5 years of age.

PNEUMONIA:—One hundred and one cases of primary pneumonia were notified, this number being 5 less than in 1951. There were no notifications of pneumonia due to influenza during the year.

ENTERIC GROUP OF DISEASES:—No cases of typhoid fever and only two cases of paratyphoid were notified during the year.

MENINGOCOCCAL INFECTION:—No notifications were received during 1952.

DYSENTERY:—Ten cases occurred during the year.

FOOD POISONING:—Nine cases of food poisoning were notified during the year, but probably more occurred which were not brought to the notice of the Department. All were single cases, and three were identified as being due to Salmonella organisms. In the other six cases the food agents and causative organisms were not found.

Distribution of Notifiable Infectious Diseases during 1952.

NOTIFIABLE DISEASES	Total cases notified in each Ward and Institution																TOTAL
	Lanehead	St. Andrew's	Daneshouse	Calder	Central	Fulledge	Burnley Wood	Healey Wood	Trinity	Whittlefield	Gannow	Lowerhouse	General Hospital	Victoria Hospital	Bank Hall Maternity Hospital	Infectious Diseases Hospital	
Scarlet Fever	21	15	10	4	13	27	6	13	7	4	15	7	2	—	—	1	145
Whooping Cough	26	28	14	15	17	20	27	47	23	60	48	63	1	—	—	—	389
Diphtheria and Mem. Croup	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Measles and German Measles	161	221	247	205	227	147	181	174	199	196	176	278	—	—	—	—	2412
Acute Primary Pneumonia	7	9	6	14	5	4	6	4	15	5	8	3	—	15	—	—	101
Acute Influenzal Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	1	—	4	—	1	—	—	—	—	1	—	2	—	—	1	10
Ophthalmia Neonatorum	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	2
Puerperal Pyrexia	—	—	—	—	2	—	1	—	1	1	—	—	—	—	36	—	41
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	2
Enteric Fever (excl. Para-Typhoid)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	2	1	3	1	1	2	1	2	—	—	2	1	—	—	—	—	16
*Tuberculosis of Lungs	9	5	5	—	4	3	6	4	5	4	9	1	10	4	—	—	69
*Other forms of Tuberculosis	2	—	—	—	—	—	1	1	—	—	1	—	4	3	—	2	14
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Polio-myelitis	—	1	—	—	—	—	—	—	—	1	—	1	—	—	—	1	4
Acute Polio-Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	—	—	—	1	—	—	—	1	—	—	1	6	—	—	—	—	9
Totals	228	281	285	244	269	204	229	247	250	271	262	361	19	22	37	6	3215

*Primary Notifications.

Age Grouping of Notifiable Infectious Diseases during 1952.

Notifiable Diseases	Total cases notified	At ages—Year												Total cases removed to Hospital	
		Under 1	1-2	2-3	3-4	4-5	5-10	10-15	15-25	25-35	35-45	45-65	65 and over		
Scarlet Fever	145	—	—	9	22	23	73	13	—	3	1	1	—	68	
Whooping Cough	389	23	46	58	64	77	115	4	—	2	—	—	—	3	
Diphtheria and Memb. Croup	1	—	—	—	1	—	—	—	—	—	—	—	—	1	
Measles	1722	53	166	267	303	347	571	8	5	2	—	—	—	12	
German Measles	690	16	38	56	61	90	326	58	24	12	9	—	—	—	
Acute Primary Pneumonia	101	9	7	1	3	—	10	2	6	7	13	21	22	56	
Acute Influenzal Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dysentery	10	2	2	1	—	1	4	—	—	—	—	—	—	9	
Ophthalmia Neonatorum	2	2	—	—	—	—	—	—	—	—	—	—	—	1	
Puerperal Pyrexia	41	—	—	—	—	—	—	—	19	16	6	—	—	37	
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Paratyphoid Fever	2	—	—	—	—	—	—	—	2	—	—	—	—	2	
Enteric Fever (excl. Para-Typhoid)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Erysipelas	16	—	—	—	—	—	—	—	—	—	5	8	3	4	
Tuberculosis—Respiratory	69	—	—	—	—	—	2	4	15	15	10	19	4	77	
Non-Respiratory	14	—	—	1	—	—	2	3	4	1	—	3	—	11	
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute Poliomyelitis	4	—	—	—	—	—	1	1	1	1	—	—	—	4	
Food Poisoning	9	—	2	—	—	1	—	—	—	2	1	1	2	4	
TOTALS	—	3215	105	261	393	454	539	1104	93	76	61	45	53	31	289

Number of Notifications of Infectious Diseases for the twenty years 1933-1952.

Disease	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Scarlet Fever	760	354	214	120	162	146	80	253	225	486	248	131	196	173	177	171	166	237	147	145
*Whooping Cough	—	—	—	—	—	—	8	261	235	19	197	142	123	87	191	315	143	536	269	389
Diphtheria and Memb. Croup	159	347	254	204	284	192	68	53	60	50	38	66	183	71	33	16	9	1	—	1
Measles and German Measles	2367	236	3108	202	1696	345	1008	1347	1470	867	1434	140	1634	739	885	1361	756	1509	1236	2412
Acute Primary Pneumonia	208	139	158	138	178	161	176	201	150	144	108	91	100	57	81	85	85	116	106	101
Acute Influenzal Pneumonia	48	10	18	18	45	—	10	26	19	4	28	2	1	8	6	3	16	2	19	—
Meningococcal Infection	2	6	3	—	1	1	2	14	23	20	8	2	5	4	9	2	1	4	3	—
Dysentery	3	3	—	—	—	—	—	62	22	11	10	96	91	49	—	62	13	88	25	10
Ophthalmia Neonatorum..	10	6	7	12	9	11	16	21	32	25	8	8	7	12	6	3	1	3	1	2
Puerperal Pyrexia	38	23	30	24	35	26	43	29	29	25	23	20	4	29	23	17	30	27	34	41
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid & Enteric Fevers	2	1	—	1	1	—	1	12	—	4	3	2	1	2	3	—	1	—	2	2
Erysipelas	60	82	60	60	48	46	36	53	36	39	28	23	28	26	22	15	19	20	22	16
†Tuberculosis of Lungs	86	74	63	70	66	69	60	78	78	87	73	74	62	93	75	93	65	68	59	69
†Other forms of Tuberculosis..	53	41	33	46	35	50	40	34	34	34	26	28	16	22	19	19	15	16	16	14
Malaria	1	—	1	—	—	1	—	—	—	—	—	—	2	6	1	1	—	—	—	—
Acute Polio-myelitis	1	2	—	—	—	—	2	1	—	—	—	—	—	2	1	2	4	4	11	4
Acute Polio-encephalitis...	—	1	—	1	—	—	—	1	—	1	—	—	—	—	1	—	—	—	—	—
Encephalitis	3	5	3	1	—	—	1	2	4	—	—	1	2	1	—	—	—	—	—	—
†Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	12	6	9
TOTALS	3801	1330	3952	897	2560	1048	1551	2448	2417	1816	2232	826	2455	1381	1533	165	1330	2643	1956	3215

† Primary notifications.

* Compulsorily notifiable from 6th November, 1939.

‡ Notifiable to Registrar General from 1949.

DISINFECTION.

Total visits to houses in connection with infectious diseases	1936
Total number of premises disinfected	191
Total articles of bedding, etc., disinfected	2027
Library books disinfected	291
Cleansing baths given to verminous persons (26 persons), scabies cases (19 persons) and persons removed to the Council houses, etc.	82

Vaccination against Smallpox.

Vaccination against smallpox is available free of charge at Infant Welfare Centres, two Nurseries and at a weekly clinic held in the Elizabeth Street premises, and from medical practitioners practising in the Borough.

During 1952 there was an increase of 224 in the number of vaccinations and 183 in the number of re-vaccinations, over the figures for 1951. This was mainly due to the vaccinating of contacts following the outbreak of smallpox in Rochdale during February 1952. Altogether between February and March, in consequence of the Rochdale outbreak, 292 vaccinations or re-vaccinations were performed at special local authority clinics.

Propaganda by means of posters and leaflets has had no appreciable effect in increasing the number of infant vaccinations, but since vaccination was made available at the Infant Welfare Centres, mothers have shown a greater willingness to have their children vaccinated.

Return showing number of vaccinations and re-vaccinations during 1952.

	Primary Vaccinations						Re-Vaccinations					
	Ages at Date of Vaccination.					Un-succ- essful	Ages at Date of Vaccination					Un-succ- essful
	Under 1	1-4	5-14	15 and over	Total		Under 1	1-4	5-14	15 and over	Total	
Local Health Author- ity Clinics	172	45	19	87	323	58	—	1	10	157	168	15
Medical Practitioners ..	108	34	22	96	260	10	—	4	9	115	128	17
TOTALS	280	79	41	183	583	68	—	5	19	272	296	32

Diphtheria Immunisation.

Facilities for immunisation against Diphtheria are provided at the local authority's clinic held weekly at the Elizabeth Street premises, at two nurseries, at the Infant welfare centres and by medical practitioners.

In recent years fewer children were immunised against diphtheria. Of 1,254 children born in 1951 only 682 or 54.4% were immunised in 1952. The number immunised in 1952 is 199 more than in 1951, and 193 more than in 1950.

The percentage of children aged 5 to 15 years who are protected is 73·8% as compared with 74% in 1951. The percentage of children under 5 years of age who are protected is 51·40%. This is an increase of 1·8% on the figure for 1951.

It is evident that the absence of diphtheria in the Borough is giving mothers a false sense of security and consequently they become less conscious of the necessity of having their children immunised.

Until a greater proportion of the child population is protected against the disease, further epidemics cannot be ruled out.

Throughout the year, immunisation has been encouraged by means of talks to mothers, press articles, posters, leaflets and "birthday cards."

Immunisation Completed.		Children of Pre-school age	Children of School age	Adults	Total
Local Health Authority					
Clinics	....	622	32	1	655
Medical Practitioners	....	346	16	—	362
		<hr/>	<hr/>	<hr/>	<hr/>
Total	....	968	48	1	1017
		<hr/>	<hr/>	<hr/>	<hr/>

236 children mainly between the ages of 4 and 10 years were given re-inforcing injections, 170 at the Clinic and 66 by private practitioners.

DIPHTHERIA IMMUNISATION — Children Immunised.

Year of Immunisation.

Year Born	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	Totals	Total immunised aged under 5 years on 31st Dec., 1952
1952															79	79	
1951														58	624	682	
1950													34	603	151	788	
1949												67	608	92	62	829	
1948											83	731	92	14	41	961	= 3,339
1947										19	929	155	23	14	29	1169	Total
1946									1	667	223	54	18	14	17	994	Immunised
1945									450	161	48	23	14	7	2	705	aged 5-9 years
1944								442	245	47	27	20	11	5	3	800	on 31st Dec., 1952
1943							411	189	108	36	28	11	9	2	2	796	= 4,464
1942					1	260	127	98	91	25	28	4	2	2	1	639	Total
1941					317	202	44	60	54	13	9	5	2	4	1	711	immunised
1940				86	338	107	25	27	47	31	8	5	2	2	2	680	aged 10-14 years on 31st Dec., 1952
1939		1	9	224	307	108	16	61	45	31	10	6	4	1	—	823	
1938		9	86	157	243	112	22	28	42	11	9	4	2	—	2	727	= 3,580

SECTION IV

TUBERCULOSIS

The number of primary notifications during 1952 was 83. The localisation of disease, ages and sexes were:—

Age Periods :	New Cases															
	0-	1-	2-	3-	4-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Totals
Respiratory M	—	—	—	—	—	2	3	3	5	2	4	8	6	4	—	37
Respiratory F	—	—	—	—	—	—	1	2	5	13	6	4	1	—	—	32
Non-Respiratory M	—	—	1	—	—	2	1	—	1	1	—	1	1	—	—	8
Non-Respiratory F	—	—	—	—	—	—	2	2	1	—	—	1	—	—	—	6

In addition to the primary notifications, two cases were discovered after death through the Registrar's Death Returns, one posthumous notification was received and seven were transferred from other areas. The total new cases were, therefore, 93, of which 77 were respiratory and 16 non-respiratory. This is 6 more than the number notified in 1951.

Four of the new respiratory cases were contacts living with other members of their families who were already suffering from tuberculosis.

The numbers of Burnley patients on the Chest Clinic Register at the end of 1952 were: Respiratory 348; Non-Respiratory 101—Total 449.

Deaths.

The following table gives particulars of the site and age distribution of those who died.

[illegible]

Of the 23 persons who died from respiratory tuberculosis during 1952, 7 died within three months after notification, and one within six months. Five lived from one to two years, one from two to three years and 7 for more than three years after notification. Two of the persons were not notified prior to death.

The average age at death of persons suffering from respiratory tuberculosis was 53 years. The death rate from respiratory tuberculosis per 1,000 living was 0.27 and from non-respiratory tuberculosis 0.02.

After-Care and Prevention.

Visits by Health Visitors—

To homes of patients, under Tuberculosis Regulations	82
To homes of patients, for After-Care purposes	2,509
Extra nourishment (Milk) supplied (pints)	35,916
Cartons of Cod Liver Oil and Malt supplied	7
Sputum Cups issued	60
Paper Handkerchiefs issued	2,750
Bottles of Disinfectant supplied	200

B.C.G. Vaccination.

B.C.G. Vaccination against tuberculosis, the purpose and technique of which were briefly described in my report for 1951, has made slight progress during the year under review, but there is still much to be done to make this method of protection more widely known and to extend its benefits to more persons found suitable for it, such as contacts of tuberculous persons and other young people who may be exposed to the risks of tuberculosis. Vaccination is given by the chest physician, as part of the Local Health Authority's arrangements for the prevention of illness, under Section 28 of the National Health Service Act, 1946.

In 1950, 13 children were given B.C.G. vaccine. In 1951, 43 vaccinations were performed. In 1952 there were 64 vaccinations. Of these, 51 were contacts of actual cases. 28 of the contacts were children of tuberculous parents and the remainder lived in close contact with other near relatives. The ages of those vaccinated were:—

Age	Under 1 year	1	2	3	4	5-9	10-14	15 and over	Total
No. Vaccinated	11	5	4	8	7	18	8	3	64

In addition, the chest physician vaccinated 31 nurses in the local hospitals.

SECTION V

VENEREAL DISEASES

The following information is obtained from the statistical return for 1952, supplied by the consulting Venereologist for the Venereal Diseases Clinic at Victoria Hospital.

The total number of patients under treatment at the Venereal Diseases Centre during 1952 was 570, the total attendances which were made being 4,890. At the beginning of the year 276 patients were under treatment ; 3 who were removed from the register in a previous year because of having failed to continue attendances for treatment, returned for treatment during the year ; 291 patients attended for the first time (including 8 who were known to have received treatment at other centres or in the services).

Of the new patients, 115 (or 40·6%) were diagnosed as suffering from venereal diseases (50 syphilis, 65 gonorrhœa). The incidence of syphilis has shown an increase, the total number of cases being 8 more than in 1951.

Gonorrhœa among men has increased. 47 cases attended for treatment for the first time, as compared with 20 in 1951. Among females, gonorrhœa also increased from 11 in 1951 to 18 in 1952.

One hundred and twenty-two of the new cases were Burnley residents, of whom 24 suffered from syphilis, 28 from gonorrhœa and 70 from conditions other than venereal.

Statement showing the services rendered at the Treatment Centre during 1952, according to areas in which patients resided.

Number of new cases	Burnley	Lancs. County Council	West Riding County Council	Others	Total
Syphilis	24	23	3	—	50
Gonorrhœa	28	36	—	1	65
Conditions other than Venereal	70	86	9	3	168
TOTALS	122	145	12	4	283

SECTION VI

CARE OF MOTHERS AND YOUNG CHILDREN

Seven child welfare clinic sessions are held each week. Two of these are held on Monday and Friday afternoons in an annex of the Maternity Hospital; three, on Tuesday, Wednesday and Thursday afternoons in church halls in Colne Road, Hammerton Street and Florence Street; two on Monday and Thursday afternoons in the Gannow Clinic premises. The Gannow Clinic premises were a first aid post during the war and were converted during 1952 for use for clinic purposes and as an occupation centre for mental defectives. The building came into use in January, 1953, when two child welfare centres, previously held in church halls in Rosegrove and Padiham Road districts, were transferred to the Gannow premises.

All the treatment and specialist clinics for school children, e.g., minor ailments, eye, nose and throat, orthopaedic, and physiotherapy and orthoptic treatment are also available for children referred from infant welfare centres.

Thirty-eight children referred from the infant welfare centres made 143 attendances at the School Clinic for treatment of minor ailments. Particulars of those who attended the specialist clinics are given in my report as School Medical Officer, which is printed with this report. Five children were referred from the infant welfare centres for artificial sunlight treatment.

The infants under one year of age who attended infant welfare centres for the first time during the year are equivalent to 62.6% of the live births registered during the year.

More than 85% of the attendances at the Infant Welfare Clinics were made by children in the first year of life. The total attendances were 15,544 which are 546 more than in the previous year.

The Health Visitors made 11,243 routine infant visits, of which 4,759 were to children under one year of age and 6,484 to children between the ages of one and five years. In addition, they made 357 ante-natal visits and 226 visits to cases of infectious disease, etc.

During 1952, domiciliary supervision of young children continued to be much less than was desirable, as the establishment of health visitors for child welfare purposes was inadequate and the case load of each was too heavy. In August, 1952, authority was given to increase the establishment to ten, and by the end of the year, seven were employed. The number employed is now (in July 1953) nine, with one vacancy and no student health visitors have as yet been obtained to train in the course which will commence in September, 1953.

Vitamin Supplement for Children and Expectant and Nursing Mothers.

Apart from milk, cod liver oil, orange juice and vitamin tablets supplied through the Ministry of Food Scheme, 635 lbs. of cod-liver oil, iron preparations and other vitamins were supplied by the Welfare Authority.

Births.

The number of births notified after adjustment for transferred notifications was 1,207. (1,176 live births and 31 still births). This is 69 less than in the previous year.

The 1,207 live and still births were notified by the following:—

Midwives	....	....	....	....	....	393
Doctors and Parents	....	....	....	....	....	5
Maternity and General Hospitals	....	....	....	....	....	809
						<hr/>
						1207
						<hr/>

Attendance at Birth.

Enquiries made by the Health visitors showed that of the 1,514 confinements which occurred in the Borough—

None was attended by a doctor only.

127 were attended by both doctors and midwives.

277 were attended by midwives only.

1,104 occurred in the Bank Hall Maternity Hospital.

4 occurred in the General Hospital.

1 occurred in the Victoria Hospital.

1 occurred in the Infectious Diseases Hospital.

Still-Births.

Thirty one still-births (after adjustment for transferred notifications) were notified in 1952 as compared with 33 in 1951. Enquiries elicited that the following conditions appeared to contribute to the still-births.

Ante Partum Hæmorrhage	....	....	....	....	....	6
Toxæmia pregnancy	....	....	....	....	....	2
Twin pregnancy	....	....	....	....	....	2
Erythroblastosis foetalis	....	....	....	....	....	3
Intracranial hæmorrhage	....	....	....	....	....	1
Malpresentation—forceps delivery	....	....	....	....	....	2
Malpresentation—contracted pelvis	....	....	....	....	....	1
Pressure on funic cord	....	....	....	....	....	2
Foetal malformations	....	....	....	....	....	7
Cause unknown	....	....	....	....	....	5

Ophthalmia Neonatorum.

Only two cases were notified during the year ; they were treated in hospital and the vision was unimpaired.

Pemphigus Neonatorum.

No cases occurred during 1952.

Care of Premature Infants.

Ninety-four Burnley babies, representing 8.0% of the total born during the year, weighed $5\frac{1}{2}$ lbs. or less at birth. These were followed up by the health visitors immediately after the midwife ceased to attend or after discharge from hospital, and thereafter at frequent intervals.

A higher proportion of premature births occur in the Maternity Hospital due to mothers whose pregnancies are known to be complicated and likely to result in premature birth, being admitted for special care. Of the 31 babies who were born at home, nine were transferred to hospital for special care; one of these died in the first 24 hours; the others survived beyond 28 days. Three were born in private nursing homes, and one of these died in the first week of life; the other two survived beyond 28 days. I have no information of the survival rate of infants born prematurely in the Maternity and other hospitals.

The equipment maintained to provide for the needs of babies born prematurely at home was described in previous reports.

In my report for 1951, I drew attention to the lack of an adequate special unit in any of the local hospitals to receive infants born prematurely at home. Such provision is of first importance and although the Burnley and District Hospital Management Committee is fully aware of the need for such a unit, it has not as yet been possible to make any provision for it.

Care of Illegitimate Children.

The Committee of Management of Bankfield House of Help continues to undertake, through their social worker, aftercare of unmarried mothers and illegitimate children, on behalf of the Local Authority. Twelve new cases were investigated. Two unmarried mothers were advised and assisted in connection with affiliation orders; seven were helped in arrangements for the adoption of their babies. In five instances satisfactory arrangements were made for the babies to be kept by their mothers.

Maternal Mortality.

No Burnley woman died in consequence of pregnancy or childbirth.

Puerperal Pyrexia.

Forty-one cases of puerperal pyrexia were notified, this number being seven more than in the previous year. Of these, 36 were notified from the Maternity Hospital. Of the five cases occurring in patients' homes four were successfully nursed at home, and one was transferred to the Infectious Diseases Hospital.

Day Nurseries.

No alteration has been made in the accommodation provided in the two day nurseries administered by the Local Health Authority. The average attendances throughout the year were 42 at Bank Hall Nursery (54 places) and 22 at Hargher Clough Nursery (26 places). In Bank Hall Nursery the majority of the children were under three years of age, and in Hargher Clough Nursery under 2 years of age. Children between 3 and 5 years of age are accommodated in the Education Authority's ten nursery schools and seven nursery classes. The total number on the rolls of these schools and classes at the end of the year was 693.

Regular medical supervision of all nursery children is undertaken.

Nurseries and Child Minders Regulation Act, 1948.

In Burnley there are no privately administered nurseries or nurseries established by employers for children of their employees. Only one person was on the register of child minders.

PARTICULARS OF WORK AT THE INFANT WELFARE CENTRES DURING THE YEAR ARE AS FOLLOWS :—

CENTRE	No. of Sessions	ATTENDANCES										Grand Total	Average per Session	No. of Doctors' Consultations		No. in attendance at end of year and who were			
		Under 1 year		1—2 yrs.		2—3 yrs.		3—4 yrs.		4—5 yrs.				Total		Infants	Children over 1 yr.	under 1 year	1—5 years
		1st	Subsequent	1st	Subsequent	1st	Subsequent	1st	Subsequent	1st	Subsequent			1st	Subsequent				
Claremont ...	50	98	2071	3	238	6	63	2	38	—	23	109	2433	362	104	89	149		
Rosegrove ...	51	86	1696	1	166	2	90	2	62	—	60	91	2074	414	131	72	128		
Colne Road...	53	87	1708	13	287	8	94	6	33	1	3	115	2125	312	81	85	146		
Mt. Pleasant..	53	121	1781	14	170	3	68	3	25	1	10	142	2054	338	91	134	150		
Florence St. ...	50	111	1862	5	228	4	81	2	24	1	7	123	2202	327	66	105	118		
Bank Hall ...	100	231	3364	3	365	6	57	4	26	1	19	245	3831	609	100	197	256		
TOTALS	357	734	12482	39	1454	29	453	19	208	4	122	825	14719	2362	573	682	947		

Details of the Work of Health Visitors during 1952.**MATERNITY AND CHILD WELFARE.**

Visits of newly born infants	....	....	1,149						
Re-visits—1st year	....	....	3,610						
2nd „	....	....	1,495						
3rd „	....	....	1,623						
4th „	....	....	1,313						
5th „	....	....	2,053	....	....	....	....	11,243	

Visits in connection with:—

Ophthalmia Neonatorum	....	....	....	....	....	....	....	2	
Measles	....	....	....	....	....	....	....	184	
Whooping Cough	....	....	....	....	....	....	....	40	
Still-births	....	....	....	....	....	....	....	20	
Midwives	....	....	....	....	....	....	....	50	
Ante-natal cases (222 visits re admissions to Maternity Hospital)	....	....	....	....	....	....	....	357	
Lying-in patients discharged early from Maternity Hospital	....	....	....	....	....	....	....	9	
After-Care—Care of the Aged	....	....	....	....	....	....	....	330	
Convalescent Cases	....	....	....	....	....	....	....	47	
Ineffective visits	....	....	....	....	....	....	....	1,106	

Number of Sessions at the Infant Welfare Centres	....	....	....	....	....	....	....	357	
Number of Attendances at the Centres by Health Visitors	....	....	....	....	....	....	....	720	
Number of Attendances at the Nursery Schools or Classes by Health Visitors	....	....	....	....	....	....	....	96	
Number of Sessions attended at the Chest Clinic (Day, 253; Evening, 50)	....	....	....	....	....	....	....	303	

Visits to Tuberculosis Cases:—

Notifications under Tuberculosis Regulations	....	....	....	....	....	....	....	82	
For After-care purposes	....	....	....	....	....	....	....	2,509	
									2,591
Patients' Attendances at Chest Clinic	....	....	....	....	....	....	....	3,803	

SCHOOL MEDICAL SERVICE.

Number of days on which the School Clinic was open	....	....	....	....	....	....	....	307	
Number of attendances at Clinic	....	....	....	....	....	....	....	21,246	
Number of follow-up visits paid to School Children	....	....	....	....	....	....	....	6,127	
Special visits to Schools for Cleanliness Inspection....	....	....	....	....	....	....	....	133	
Number of examinations made at Cleanliness Inspection	....	....	....	....	....	....	....	44,110	

SECTION VII**MIDWIFERY SERVICE****Midwives' Act.**

Thirty-six midwives notified their intention to practise midwifery during 1952. They were employed as follows:—

In the Maternity Hospital	....	....	....	23
As whole-time domiciliary Municipal Midwives..	....	....	....	11
In Private Practice as Maternity Nurses	....	....	....	2

Domiciliary Midwifery.

The Local Health Authority has an establishment of ten midwives for domiciliary midwifery.

The two midwives who practised as private maternity nurses, generally resided in the homes of their patients for about four weeks after the confinement.

Fifty visits were paid by the Supervisor to the midwives during the year. The Supervisor also interviewed midwives at the Health Office weekly. No midwife was suspended from practice.

A total of 1,514 confinements occurred in the Borough, including cases which came into the town from other areas for their confinements. Of these, 1,110 took place in institutions, 397 were attended by the whole-time midwives employed by the authority on domiciliary midwifery (277 as midwives and 120 as maternity nurses) ; 7 by doctor and maternity nurses in private practice.

Of the confinements of women resident in Burnley, 809 took place in hospitals and 398 at home. The domiciliary confinements are, therefore, 33% of the total. The corresponding percentages of domiciliary confinements were for 1949, 52% ; 1950, 46% ; 1951, 37%. Since the provision of additional beds in the Bank Hall Maternity Hospital, there has been a gradual tendency for more women to seek admission there for their confinements.

For further information see the Special Survey (Appendix, pages 12 and 13).

During the year, 429 maternity outfits were provided free of charge to all expectant mothers who required them for their confinements in their own homes.

Medical Aid Summoned by Midwives.

Fifty-one records of sending for medical aid under Rule E. 12 of the Central Midwives Board were received from the midwives in respect of domiciliary cases. Of these 42 were on account of complications or difficult conditions of the mothers and 9 of conditions in the new born infants.

Nursing Homes.

There are no private Nursing or Maternity Homes in the County Borough.

Ante-Natal and Post-Natal Care.

For details of the service provided see the Survey of Local Health Services which is given as an Appendix to this Report. (Care of Expectant Mothers).

At present all general preactitioners, with one exception, who have accepted service under Part IV of the National Health Service Act have been included in the list of general practitioner obstreticians.

Practically all Burnley expectant mothers received ante-natal supervision either through the local health authority or hospital services.

	Ante-natal examinations			Post-natal Supervision
	1st	subsequent	Total	
Local Authority Clinic	451	1520	1971	6
Attendances at special L.A. "Blood" clinic for Rhesus factor and W.R.	467	42	509	—
Bank Hall Maternity Hospital Clinic*	1155	9518	10673	1095

* The figures for the Hospital clinic include women from other areas.

SECTION VIII

DENTAL SERVICE.

Report of Senior Dental Officer.

During the early part of the year, when no whole-time dental surgeons were on the staff, the arrangements for the dental inspection and treatment of expectant and nursing mothers were suspended, but were resumed when two whole-time dental surgeons took up duty in June. The following figures, therefore, refer to only $6\frac{1}{2}$ months of the year.

Two hundred and ninety-three expectant mothers and one nursing mother were referred from the local authority ante-natal clinics and from the clinics of Bank Hall Maternity Hospital. Of these only 170 attended for inspection. 65 (38%) were found to be dentally fit, while 105 (62%) were in need of treatment. These 105 were given the option of having treatment through the Authority's scheme or of obtaining it through their own dental practitioners. 74 accepted treatment at the Authority's clinic; the remaining 31 decided to have treatment privately, or were indifferent. When notified to attend for treatment, five failed to keep their appointments. Therefore 69, together with 21 who were still under treatment from 1951, had treatment carried out or were awaiting appointments at the end of the year.

Eight dentures were provided for five patients.

Although 123 expectant mothers did not avail themselves of the facilities for dental inspection, the percentage of those who did and who required and accepted treatment (66%) was reasonably satisfactory. In few cases were signs of sepsis present in the gums. Nevertheless these mothers require education in oral hygiene and encouragement to accept treatment before their babies are born.

Numbers provided with dental care.

	Examined	Found to require treatment	Accepted treatment under Authy's Scheme	Treated	Made dentally fit
Expectant and Nursing Mothers	170	105	74	80	73
Children under 5 years of age	8	6	6	6	6

Forms of dental treatment provided.

	Extractions	Anæsthetics		Fillings	Scalings and Gum treatm't	Dressings	Other Treatment	Radio-graphs	Dentures provided		Attendances for t'ment
		Local	General						Full	Part	
Expectant and Nursing Mothers	172	21	31	56	41	3	29	—	2	6	137
Children under 5 years of age	15	—	6	—	—	—	—	—	—	—	6

SECTION IX**DOMESTIC HELP SERVICE**

The Domestic Help Service is described in the Special Survey, which is given as an Appendix to this report. (See pages 26 and 27 of the Appendix).

Four hundred and thirty-four households were assisted during the year. Approximately 83% of the persons assisted were chronic sick, aged and infirm; 10% were persons suffering from other illnesses and 7% were maternity cases.

Elderly people, who are unable to do their own housework and have difficulty in doing their shopping, have shown appreciation of the services rendered by the Home Helps.

The Domestic Help Organiser supervises the Helps, investigates the needs and circumstances of applicants for assistance and recruits the personnel.

The total wages paid to the Domestic Help staff during the year ended 31st March, 1953 was £10,325, and the income from charges made for the service was only £656. The net expenditure on the service amounted to £10,618.

Type of Cases	Total cases attended		Cases Completed		Cases remaining on books at 31/12/52	
	No.	Percentage	No.	Percentage	No.	Percentage
Maternity	31	7.1	31	18.1	—	—
Tuberculosis	5	1.2	1	0.6	4	1.5
Illness of housewife	39	9.0	26	15.2	13	5.0
Chronic Sick	92	21.2	36	21.1	56	21.3
Aged and Infirm	267	61.5	77	45.0	190	72.2
	434	—	171	—	263	—

Periods for which Help was provided.

Less than one month		1-3 months		3-6 months		6-12 months		Over 12 months	
No.	% age	No.	% age	No.	% age	No.	% age	No.	% age
76	17.51	50	11.52	40	9.22	74	17.05	194	44.70

No. of patients receiving help at 1/1/52 228

No. of new patients during the year 206

Total No. of patients who received help during the year 434

No. of patients receiving help at 31/12/52 263

No. of Domestic Helps at 31/12/52—

Wholtime 44

Part-time 2

No. of visits made to homes of patients in connection with the service 1,149

“ Meals on Wheels ” Service.

On the 27th October, 1952 a service for the provision of cooked meals to sick and infirm persons, was inaugurated by the Trustees of the Burnley District Sick Poor Fund on which the Health Authority is represented. The trustees apply the yearly income of the Charity to the benefit of the sick poor and provide 30 meals per day, Mondays to Fridays, for which the recipient is charged 9d.

The cost to the Charity for the meals is 1/6d. per meal, and these are provided by the Burnley Corporation Municipal Restaurant Committee.

The local W.V.S. assist in the service by the distribution of the meals and collection of the surcharge to the recipient.

From the 27th October to the 31st December, 1,129 meals were supplied at a cost of £84 13s. 6d. The income received from the recipients was £42 6s. 9d.

SECTION X

HOME NURSING SERVICE

The arrangements for the Home Nursing Service are described in the Special Survey, which is given as an appendix to this report. (See pages 16 to 19 of the Appendix).

The extent of the home nursing provided during 1952 is shown in the following statistical table. One thousand, five hundred and sixty-six patients were nursed ; this entailed 44,627 home visits by the nurses, and is an indication of the hard work which was conscientiously undertaken by them.

Owing to the continued difficulty in obtaining full-time nurses it was necessary to employ part-time staff, and at the end of the year, in addition to the Superintendent and Assistant Superintendent, seven nurses were on a full-time duty and six on part-time.

Of the 15 nursing staff, 8 were Queen's Institute or general trained, the others being enrolled assistant nurses. All the staff have given efficient and loyal service, which is much appreciated both by medical practitioners and patients.

The Local Health Authority is affiliated to the Queen's Institute of District Nursing.

SUMMARY.

Number of patients remaining on the Books, December 31st, 1951	....	258
Number of new patients during 1952	.... ....	1,308
Total number of patients nursed	.... ....	1,566
Total number of patients discharged or died	.... ....	1,260
Number of patients remaining on the Books, December 31st, 1952	....	306
Number of nursing visits made during the year	.... ....	44,627

METHOD OF DISCHARGE.

Number of patients convalescent	.... ....	761
Number of patients died	.... ....	278
Number of patients removed to Hospital...	.... ....	182
Number of patients removed from the Books for other causes...	....	39

CLASSIFICATION OF NEW CASES.

Medical	....	1,001
Surgical	....	252
Gynæcological	....	55
		<hr/>
		1,308
		<hr/>

The classification includes:—

	Cases		Cases
Infective and parasitic diseases	28	Complications of pregnancy and the puerperium	19
Pulmonary Tuberculosis	47	Diseases of the skin and cellular tissue	79
Non-Pulmonary Tuberculosis	7	Diseases of the bones and joints	28
Neoplasms	69	Diseases of early infancy	16
Allergic, endocrine, metabolic and nutritional diseases	34	Senility and other conditions of old people	78
Diseases of the blood and blood forming organs	30	Accidents, poisonings and violence	34
Mental, psychoneurotic disorders	3	Gynæcological diseases (other than Genito-Urinary)	55
Diseases of Nervous System and Sense Organs	145	Enema Saponis (prior to X-ray examinations)	99
Diseases of Circulatory System	185	Enema Saponis (constipation, obstruction, etc.)	103
Diseases of Respiratory System (other than pneumonia)	72	Various post-operative conditions	83
Pneumonia	64		
Diseases of Digestive System	10		
Diseases of the Genito-Urinary System	20		

Included in the above are:—

(a) Children under 5 years	41
(b) Children 5-14 years	19

The 1,308 New Cases were referred by:—

Doctors	1,157
Victoria Hospital	2
General Hospital	1
Manchester Royal Infirmary	1
Public Health Department	50
Applications by relatives	97
	<hr/> 1,308 <hr/>

SECTION XI

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Details of the arrangements for prevention, care and after-care are included in the Special Survey, which is given as an Appendix to this report (see pages 14, 15, 24, 25, of the Appendix).

Care of the Aged and Sick and Infirm.

More attention is being paid to the social conditions under which aged and sick and infirm persons are living. Cases are reported by medical practitioners, social welfare officers and voluntary agencies.

The Health Authority's staff co-operates with the staff of the Hospital Management Committee to ensure that persons in most need of treatment in the geriatric wards of the General Hospital receive priority of admission. Eighty three men and 128 women were brought to the notice of the Health Department. These were visited by the health visitors and reports forwarded to the hospital. The average age of the men was 75 years, and of the women, 73 years.

Arrangements were made for the admission of 43 men and 46 women to the chronic sick wards of the General Hospital. Domestic help and home nursing was provided in suitable cases, and Part III accommodation in " Moorfields " was arranged for others.

Convalescent Treatment.

Sixty-Five persons received convalescent treatment during the year. Of these, 2 mothers and 6 children were sent to Brentwood Centre, Marple, where in addition to receiving convalescent treatment, the mothers are given training and advice in homecraft.

DETAILS OF PATIENTS WHO RECEIVED CONVALESCENT TREATMENT.

Name of Convalescent Home	Patients				Total	Total patient weeks
	Adults M.	F.	Children M.	F.		
Manchester and Salford District Provident & Family Welfare Society's Convalescent Home " West Hill " Southport	5	13	—	—	18	35
Blackburn and District Home, St. Annes-on-Sea	9	22	—	—	31	62
Cotton Industries Convalescent Home, Poulton-le-Fylde	—	1	—	—	1	2
Convalescent Home of Our Lady of Lourdes, Boarbank Hall, Grange-over-Sands	2	3	—	—	5	10
Sidney House Convalescent Home, Pensarn, Abergele	—	1	—	1	2	4
Brentwood Recuperative Treatment Centre, Marple, Cheshire....	—	2	3	3	8	27
	16	42	3	4	65	140

In addition 145 children selected through the School Health Service, each received two weeks' convalescence in the Thursby Convalescent Home, St.-Annes-on-Sea.

Provision of Nursing Equipment.

Nursing requisites are loaned to patients being nursed at home. Equipment available includes invalid chairs, crutches, air-beds, air-rings, bed pans, mattresses, blankets, bed cradles, etc. These articles are issued from the District Nurses' Home and a charge of 3d. or 6d. a week is made according to the type of article loaned

NURSING REQUISITES LOANED DURING 1952.

Mackintosh Sheets	....	....	148	Bed Tables	....	....	....	4
Bed Pans (Metal)	....	....	173	Inhalers	....	....	....	4
Bed Pans (Rubber)	....	....	10	Bed Blocks (set)	....	....	....	2
Air Rings	....	....	113	Sputum Cups	....	....	....	4
Urinals	....	....	43	Chain	....	....	....	1
Wheel Chairs	....	....	23	Pulley	....	....	....	1
Back Rests	....	....	57	Mattresses	....	....	....	1
Leg Rests	....	....	2	Commodes	....	....	....	1
Crutches (pairs)	....	....	5	Mattress Protectors	....	....	....	1
Water Beds	....	....	1	Spinal Carriage	....	....	....	1
Air Beds	....	....	18	Bedsteads	....	....	....	1
Feeding Cups	....	....	11	Bed Cradles	....	....	....	15
Steam Kettles	....	....	1	Walk Aid Machine	....	....	....	1
								</

Health Education.

Education of the public in the prevention of illness took the form of talks by members of the Health Department staff to various organisations, posters on hoardings, displays in the foyers of cinemas and issue of pamphlets.

National Assistance Act, 1948, Section 47. It was not necessary to adopt the procedure laid down in Section 47, for the compulsory removal to and detention in a suitable hospital, or other place, of persons suffering from grave chronic disease or being aged and infirm or physically incapacitated, who were living in insanitary conditions, and who were unable to devote to themselves or receive from other persons, proper care and attention.

National Assistance Act, 1948.

Welfare of the Blind, Deaf or Dumb and other Permanently Handicapped Persons:—The Social Services Committee is responsible for carrying out the powers and duties of the Council with respect to residential accommodation for the aged and infirm and welfare services for blind, deaf or dumb and other handicapped persons under Parts III and IV of the Act (except Section 41) and the Regulations made thereunder.

“Moorfields,” which is that portion of the Burnley General Hospital which provides accommodation for non-sick persons under Part III of the National Assistance Act, has accommodation for 233 adults. This has been fully occupied during the year. “Healey Grange,” which was purchased, altered and extended, will be ready for occupation as a hostel for 30 women towards the end of 1953. Other two houses, “Healey Mount” and St. John’s Vicarage have been purchased more recently and a site obtained for further hostel accommodation.

Blind Persons: The Register of the Blind contains the following:—

Number on Register at 1st January, 1952	....	....	....	230
Number of new cases during 1952	....	....	....	34
Re-certified	....	....	....	—
Transfer from other Authorities	....	....	....	3
Deaths during 1952	....	....	....	19
De-certified	....	....	....	4
Removals from Register during 1952	....	....	....	4
Number on Register at 31st December, 1952	....	....	....	240

The Authority's Workshop for the Blind, employs the following blind persons:—

	Burnley		Lancs. County		Total
	Men	Women	Men	Women	
Basketry Department:					
Workers	7	—	7	—	14
Trainees	2	—	—	—	2
Knitting Department:					
Workers	—	7	—	6	13
Trainees	—	1	—	—	1
Totals	9	8	7	6	30

Two Home Teachers for the Blind are employed by the Social Services Committee and the Blind Society for Burnley and District carry out welfare arrangements and provide a Social Centre for the Blind.

The Social Services Committee and the North and East Lancashire Association for the Welfare of the Deaf co-operate to ensure adequate welfare arrangements for the deaf and dumb of the Borough. A Social Centre for the deaf is provided by the Association. The Authority makes a contribution to the Association, based on the number of deaf persons in the Borough.

SECTION XII

MENTAL HEALTH SERVICE.

The administrative arrangements of the Mental Health Service and an account of the work done in the community in regard to prevention of mental illness, the after-care of mental patients and the supervision of mental defectives will be found in the Special Survey, which is given as an Appendix to this report. (See pages 28 to 31 of the Appendix).

At the end of 1952, the Occupation Centre for Mental defectives had 30 on the register, 15 being from County districts adjoining Burnley. In January, 1953, the Centre was transferred from the unsuitable and inconvenient premises in Salem Sunday School to the Gannow Clinic premises, where the number of defectives on the register was increased to 38.

MENTAL DEFICIENCY ACTS, 1913-1938.

	During 1952				Total as at 1st January, 1953.			
	Under age 16		Aged 16 and over		Under age 16		Aged 16 and over	
	M.	F.	M.	F.	M.	F.	M.	F.
1. Particulars of cases reported during 1952								
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with." Action taken on reports by—								
(i) Local Education Authorities on children—								
(1) While at school or liable to attend school	5	2	—	—	—	—	—	—
(2) On leaving special schools	—	—	—	1	—	—	—	—
(3) On leaving ordinary schools	—	—	—	—	—	—	—	—
(ii) Police or by Courts	—	—	1	—	—	—	—	—
(iii) Other Sources	—	—	2	3	—	—	—	—
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground	2	—	4	2	—	—	—	—
(c) Cases reported but not confirmed as defectives by the 31st December and thus excluded from (a) and (b)	—	—	—	—	—	—	—	—
Total number of cases reported during the year	7	2	7	6	—	—	—	—
2. Disposal of Cases—								
(a) Of the cases ascertained to be defectives "subject to be dealt with," number—								
(i) Placed under Statutory Supervision	5	2	2	2	8	10	16	16
(ii) Placed under Guardianship	—	—	—	—	—	—	—	—
(ii) Taken to "Place of Safety"	—	—	—	—	—	—	—	—
(iv) Admitted to Institutions	—	—	1	2	8	3	63	48
(b) Of the cases not ascertained to be defectives "subject to be dealt with" number—								
(i) Placed under Voluntary Supervision	2	—	4	2	2	—	7	13
(ii) Action unnecessary	—	—	—	—	—	—	—	—
Total of Item 2	7	2	7	6	18	13	86	77
3. Classification of defectives in the Community on 1.1.53—								
(a) Cases included in item 2(a)(i) to (iii) above in need of institutional care—								
(1) In urgent need of institutional care—								
(i) "Cot and chair" cases	—	—	—	—	—	—	—	—
(ii) ambulant low grade cases	—	—	—	—	—	1	2	1
(iii) medium grade cases	—	—	—	—	—	—	—	1
(iv) high grade cases	—	—	—	—	—	—	—	—
(2) not in urgent need of institutional care								
(i) "cot and chair" cases	—	—	—	—	—	1	1	1
(ii) ambulant low grade cases	—	—	—	—	6	8	7	6
(iii) medium grade cases	—	—	—	—	2	—	5	7
(iv) high grade cases	—	—	—	—	—	—	1	—
Total of item 3 (a)	—	—	—	—	8	10	16	16

3. Classification of defectives in the Community on 1.1.53—continued—	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
(b) of the cases included in items 2(a)(i) and (ii) and 2(b)(i) overleaf, number considered suitable for—				
(i) occupation centre	7	4	2	3
(ii) industrial centre	—	—	1	—
(iii) home training	—	—	—	—
Total of item 3(b)	7	4	3	3
(c) of the cases included in 3(b) number receiving training on 1.1.53—				
(i) in occupation centre	7	3	2	3
(ii) in industrial centre	—	—	—	—
(iii) at home	—	—	—	—
Total of item 3(c)	7	3	2	3

4. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in " Places of Safety " on 1st January, 1952, who have ceased to be under any of these forms of care during 1952—

	M.	F.	Total
(a) Ceased to be under care	—	—	—
(b) Died, removed from area, or lost sight of	4	3	7
Total	4	3	7

5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care—

(a) Number who have given birth to children while unmarried during 1952 NONE

	Males	Females
(b) Number who have married during 1952	—	—

No. of Reports to Mental Deficiency Institutions 70

No. of domiciliary visits made 664

	Burnley cases	County cases	Total cases
Occupation Centre—Salem School.			
No. of persons on Register, 1st January, 1952	10	14	24
No. of new admissions	6	5	11
No. of discharges	1	4	5
No. remaining on Register, 31st Dec., 1952	15	15	30
Average attendances during the year	10.67	14.77	25.44

Administration of Lunacy and Mental Treatment Acts during the year 1952.

	Other Auth's	Burnley	Total
1. No. of patients admitted to Mental Hospitals—			
(a) under Lunacy Act....	107	117	224
(b) under Mental Treatment Act	24	53	77
2. No. of patients discharged from Mental Hospitals—			
(a) under Lunacy Act....	37	45	82
(b) under Mental Treatment Act	12	56	68
3. No. of patients died	14	27	41
4. Total number of Burnley patients in Mental Hospitals at 31st December, 1952			249
5. No. of reports sent to Mental Hospitals			64
6. No. of Domiciliary visits			694

SECTION XIII

AMBULANCE SERVICE

During 1952 the ambulances made 7,186 journeys, carried 18,825 patients and covered 107,998 miles. The mileage was 10,153 more than in 1951, and the number of patients carried increased by 2,150.

The ambulance station at Yorkshire Street is a temporary one, and unsatisfactory. A permanent station will be provided in the new central garage for all the local authority vehicles, which is in the process of being built.

The staff consists of one ambulance officer and 20 driver-attendants. Clerical work is carried out by a member of the staff of the Health Department.

Further particulars of the Ambulance Service will be found in the Special Survey of the Local Health Services, which is appended to this report. (See pages 21 to 23 of the Appendix).

AMBULANCE STATISTICS FOR 1952.

Abortive and Service Journeys	Gas and Air, Oxygen, Blood etc. Journeys	Accident or Emergency		Others		Infectious Diseases		Totals		Mileage		
		Jour- neys	Pati- ents Carried	Jour- neys	Pati- ents Carried	Jour- neys	Pati- ents Carried	Jour- neys	Pati- ents Carried	Amb.	Car.	Total
349	852	1089	1153	4707	17464	189	208	7186	18825	83275	24723	107998

SECTION XIV

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply.

No changes were made during 1952 in the sources of supply, methods of treatment or distribution of water.

The consumption of water during the year was 1,168,990,059 gallons—approximately $30\frac{1}{2}$ million gallons less than in the previous year.

The supply of water is ample for the needs of the town. The rainfall, as measured at four different points on the gathering grounds showed an average of 47.78 inches in the year. The lowest amount measured was 43.06 inches and the highest 51.82 inches.

36 samples of water were submitted to chemical and 36 to bacteriological analyses. These were mainly samples taken from house taps at different parts of the town and represented supplies from the mixed supply of Heckenhurst reservoir and the direct supplies from Cant Clough and Swinden reservoirs. These were satisfactory, only one sample was found to contain B. Coli Type I.

Public Baths.

The three public baths contain both slipper baths and swimming baths. 36 samples of swimming baths' water were examined bacteriologically and 33 chemically during the year, and on each occasion it was found that chlorination maintained the water in a highly satisfactory condition.

Public Cleansing.

Collection and disposal of Refuse.—No alterations have been made during 1952.

Amount of Refuse dealt with during the year ended 31st March, 1953.

	Tons	Cwts.	Qrs.
Refuse Collected 	24,107	14	0
Disposal of Refuse:—			
(a) By Salvage 	3,942	16	3
(b) By Combustion 	2,671	19	1
(c) Screened dust, clinker, etc., tipped... 14,362		3	—
(d) By controlled tipping (Refuse) 3,130		15	—
	24,107	14	—
(e) Clinker tipped resulting from (b)	809	4	—

Receptacles for Refuse in use during 1952.

No. of Premises	No. of Dustbins
29,427	30,266

General Sanitary Inspection.

Delay is still being experienced in having repairs effected owing to shortage of materials and labour.

Four thousand and forty-five complaints were received and dealt with.

	No.
Visits to Factories with Mechanical Power	137
„ Factories without Mechanical Power	19
„ Bakeries	528
„ Chip, Fish and Tripe Shops....	155
„ Milk and Grocers' Shops	378
„ Ice Cream Manufactories and Shops	292
„ Fruiterers' and Fishmongers' Premises	318
„ Butchers, Blood Boilers and Food Preparers	551
„ Marine Store and Offensive Trades	18
„ Stable Manure Pits	27
„ Premises where Animals are kept	37
„ Common Lodging Houses	43
„ Canal Boats	3
„ Back-to Back and Single Dwellings	316
„ Tents, Vans, etc.	34
„ Houses Let in Lodgings	80
„ Other Dwellings	9,564
„ Reported Dirty Dwellings	60
„ Old Property re Alterations	8
„ Premises where Nuisances exist	7,784
„ Alleged Overcrowded Houses	21
„ Colliery Tips	216
Drains Tested	394
No. of Legal Notices Served	840
No. of Preliminary Notices sent out to abate Nuisance	1,855
No. of Verbal Notices Given	246
No. of Defects reported to Borough Surveyor	36
No. of Defects Reported to Cleansing Department....	234
No. of Defects Reported to Highways Department	1,259
Interviews with Owners, Agents, etc., re Property	1,392
Interviews with Firemen	52
Inspections re Rats and Mice Infestations	196
Visits to School Premises	42
„ Theatres and Cinemas	55
„ Public Institutions	2
„ Under Shops Act	163
Defects found and dealt with	2,900
Defects remedied during the year	2,608
Defects of various kinds on the books of the Department at the end of the year	1,303

Legal Notices served during the Year.**PUBLIC HEALTH ACT, 1936—**

Section 39—Unsatisfactory Drainage	197
Section 45—Closets requiring repair	31
Section 75—Defective Dustbins	85
Section 93—General Nuisances (other defects of property)	256

BURNLEY CORPORATION ACT, 1925—

Section 53—Defective Drains....	271
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SMOKE ABATEMENT.

During the year 286 observations of one half hour duration were taken of factory chimneys, and the results notified to the firms concerned.

Twenty six letters were sent in accordance with the Council's resolution, which is to the effect that the Town Clerk shall communicate with those firms whose chimneys emit an amount of "moderate" smoke in excess of 6 minutes, or "black" smoke in excess of 1 minute.

Results of Observations.

	Black	Moderate	Light or none
Total smoke in minutes	4.50	511.50	806.4
Average Smoke in minutes	0.016	1.788	28.196

Officials of the Ministry of Fuel and Power have continued to work in close co-operation with the Sanitary Inspectors and a considerable amount of time has again been spent at several plants in an endeavour to promote smokeless combustion. It is hoped that the continuance of this work will lead to an amelioration in the prevailing atmospheric conditions.

The Smoke Abatement Advisory Committee for Burnley and District, formed in 1949, undertook further publicity for smoke abatement by means of film shows and lectures dealing with abatement of smoke from house chimneys, and by means of the press etc. A joint meeting with the North-West Division of the National Smoke Abatement Society was also held in Burnley.

PREMISES AND OCCUPATIONS CONTROLLED BY BYELAWS OR REGULATIONS.**Common Lodging Houses.**

At the end of the year 7 houses were registered, the total accommodation being 239 males. 43 visits were made and 12 defects found.

Houses Let in Lodgings.

17 houses in Burnley were registered as Houses Let in Lodgings, which are divided in separate tenements, as follows:—

Tenements.		Occupants.	
One-roomed	73	ADULTS—Males	97
Two-roomed	14	Females	94
Three-roomed	19	Infants, under one year	16
Four-roomed	8	Children, aged 1 to 10 years	37
<hr/> 114		<hr/> 244	
<hr/>		<hr/>	
Visits paid	80		
Defects found	21		
Defects remedied	32		
Verbal and Informal Notices	12		

Offensive Trades.

The following is a list of the Offensive Trades carried on in Burnley:

Gut Scraper	....	....	....	....	....	....	....	1
Marine Stores	....	....	....	....	....	....	....	3
Tripe Boilers	....	....	....	....	....	....	....	1
Fellmonger	....	....	....	....	....	....	....	1
Tanner	....	....	....	....	....	....	....	1
Tallow Melter	....	....	....	....	....	....	....	1
								— 8
Inspections, 18	Defects found, 4		Verbal Notices, 2					

Rag Flock and other Filling Materials Act, 1951.

This Act, which became operative on the 1st November, 1951, requires the licensing of premises where rag flock is manufactured and the registration of premises where filling materials are used in the production of upholstered articles.

There is one manufacturer of rag flock in the Borough and eleven premises where filling materials are used in the upholstery trade and these have all been licensed and registered.

During the year eleven samples of flock were taken.

Stable Middens.

No. of Middens, 41. Inspections, 48. Defects found, 2.
Informal Notices, 2.

No. of times manure pits sprayed to destroy larvæ of flies, 150.

General Inspection of Working Class Dwellings.

Three hundred and sixteen visits were paid to back-to-back and single houses, 80 to houses let in lodgings, and 9,564 to other dwellings.

Dirty Houses.

Sixty houses were suspected of being dirty, and 6 were found to be so on inspection. Warnings were given on each occasion and it was not necessary to take legal action.

Sanitary Accommodation.

The total number and types of closets in the Borough at the end of 1952 are as follows:—

Clean Water Closets	....	....	....	....	....	....	18,748
Waste Water Closets	....	....	....	....	....	....	15,957
Latrines (81) with Closets	....	....	....	....	....	....	361
Privies....	....	....	....	....	....	....	123

In only eight dwellinghouses (apart from farms) having clean water closets, do the closets drain to cesspools.

During the financial year assistance was given in connection with 77 conversions of waste-water closets.

The total number of closets not on the water-carriage system is 123 of which 115 are pails and 8 tanks. The Cleansing Department is responsible for the emptying of 92 of these.

Shops Act, 1950 (Section 38).

No. of Combined Shops and Dwellinghouses in Borough	....	1,551
No. of Shops only	....	754
Total inspections of Shops	....	1,306
Inspections specifically for purposes of Section 38	....	163

Offices.

The present establishment of Sanitary Inspectors is not such as to enable many inspections of offices to be undertaken in addition to the other duties of the Inspectors.

Camping Sites.

There are no seasonal camping sites within the Borough and no caravans are used as dwellings.

Inspection of Bakeries.

During the routine inspection of premises in which food is prepared 528 visits were made to bakehouses. The standard of cleanliness of these was found to be generally satisfactory.

DETAILS OF INSPECTION AND DEFECTS FOUND:—

Number on Register	....	....	....	....	....	177
Number of Inspections made	....	....	....	....	....	528
Verbal Notices	....	....	....	....	....	25
Informal (written) Notices	....	....	....	....	....	1
Number of Defects	....	....	....	....	....	37

Fish and Chip Shops.

No. of fish frying businesses at 31st December, 1952	....	....	75
No. of Inspections	....	....	115
Defects found	....	....	18
Informal Notices	....	....	3
Verbal Notices	....	....	8

Prevention of Damage by Pests Act, 1949.

Three rat catchers work under the supervision of the Chief Sanitary Inspector, who is the official responsible for the administration of the Prevention of Damage by Pests Act, 1949.

The occupiers of premises are legally responsible for clearing their buildings of rats, but the rat catchers carry out the treatment on request, no charge being made for private dwellings, and actual time and cost of materials are charged in the case of business premises.

Applications for assistance received	....	....	291
Visits paid by Rat Catchers to dwellinghouses	....	....	2,208
Visits paid by Rat Catchers to business premises	....	....	3,562
Visits paid by Rat Catchers to Local Authority premises	....	....	767
Special Inspections by Sanitary Inspectors	....	....	196

During the year the sewers received two maintenance treatments for destruction of rats. Two thousand six hundred and fifty five manholes were baited and of these, 570 showed pre-bait takes, of which 534 were complete takes.

During both treatments a count was made of the poison baits taken, from which it was estimated that 2,622 rats were destroyed in the sewers.

Co-operation has continued to be forthcoming from the officers of the Ministry of Agriculture, who have expressed their satisfaction at the manner in which the work has been carried out. The cost during the year was approximately £430, of which half is recoverable from the Ministry and half from the Sewers Department.

Sanitary Conditions of Schools.

All the schools in town are supplied with water from the town's mains.

The Sanitary Inspectors made 42 visits to schools, mainly to inspect the sanitary conveniences.

It was not necessary to close any school in the Borough on account of Infectious Disease during 1952.

FACTORIES ACT, 1937.

INSPECTIONS for the purpose of provisions as to health (including inspections made by Sanitary Inspectors) during 1952.

PREMISES (1)	Number on Register (2)	Number of Inspections (3)	Number of Written Notices (4)	Number of Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	279	628	21	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	530	137	2	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
TOTAL	809	765	23	—

2.—CASES in which DEFECTS were found.

PARTICULARS (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted. (6)
	Found (2)	Remedied (3)	Referred To H.M. Insp. (4)	By H.M. Insp. (5)	
Want of cleanliness (S.1)	15	15	—	1	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ..	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	2	2	—	2	—
(b) Unsuitable or defective	17	13	—	2	—
(c) Not separate for sexes	1	1	—	1	—
Other offences (not incl. offences relating to outwork)	30	26	—	—	—
TOTAL	65	57	—	6	—

OUTWORK

(Sections 110 and 111).

NIL.

SECTION XV

HOUSING

Types of Dwellinghouses in the Borough at the end of 1952:—

Houses with through ventilation	....	....	....	....	26,369
Combined houses and shops	....	....	....	....	1,551
Houses without through ventilation:—					
(a) Back-to-Back	....	....	....	....	603
(b) Single Houses	....	....	....	....	123
(c) Single-roomed dwellings	....	....	....	....	5
(d) Cellar dwellings	....	....	....	....	6
Vans and Sheds	....	....	....	....	—
					28,657

Houses Inspected and Recorded.

The total houses recorded under the Housing Consolidated Regulations, up to the end of 1952 was 15,277.

HOUSES WITHOUT THROUGH VENTILATION:—

Total number of back-to-back houses, single houses, single roomed dwellings and cellar dwellings	....	....	....	737
Total number of back-to back and single houses closed, converted to through houses, or demolished during 1952	....			5
Number of houses which were included in confirmed Orders under the 5-year programme, but not yet demolished	....			3

Fitness of Houses.

In my report for 1951, I drew attention to the delay which occurred, after the service of statutory notices under the Public Health and Housing Acts, in having repairs effected to tenant property. This delay has been experienced for about twelve years, and only in 1952 were there slight signs that an improvement is taking place, as somewhat less repair work has now to be undertaken by the Council in default of owners. It would appear, however, that there is still a shortage of skilled labour available for housing repairs, and the high cost of maintaining old property, from which the owners derive little profit, results in the minimum of repairs being effected. A great many of the older terraced houses are in a bad state of repair and it is estimated that approximately 1,000 houses in the Borough, because of their age and general disrepair, would be dealt with under slum clearance procedure if a sufficient number of new houses could be erected in substitution.

The arrangement whereby 10% of Corporation houses becoming available for letting shall be allocated to families from houses which are the subject of action under Sections 11 and 12 of the Housing Act, 1936 has enabled a few of the worst houses to be closed. Where it is not possible to demolish these houses without causing damage to adjoining property, undertakings have been accepted from the owners to board them up and not allow them to be used for human habitation. These individual unfit houses are generally in blocks which have been scheduled to be dealt with under slum clearance procedure in the future.

So far as can be ascertained, without undertaking a complete survey, there has been no intensification of overcrowding. On the contrary, the rehousing undertaken by the Council in recent years has helped to some extent to diminish it.

Eradication of Bugs.

Thirty six houses (6 being Council houses) were disinfected by insecticides, and furniture, etc., of one family was disinfested by hydrocyanide gas prior to removal to a new Council house.

HOUSING STATISTICS.

Year ended 31st December, 1953.

Number of Houses erected during the year :—

By Corporation	222
By private enterprise	15
With State assistance under the Housing Acts	Nil
Total number erected	237

Individual Unfit Houses.

(Action taken under the Public Health and Housing Acts).

Demolition or Closing Orders.

Number of houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation, and represented to the Local Authority	32
Number of Demolition Orders made (Section 11)	2
Number of Undertakings to close accepted (Section 11)	10
Number of Closing Orders made (Section 12)	1
	No. of Persons Displaced.
Number of Houses demolished (Section 11) 6	12
Number of Houses closed (Section 11) 6	26
Number of parts of buildings closed (Section 12) Nil	Nil

Repairs.

INFORMAL ACTION. Number of unfit or defective houses rendered fit during the year as a result of informal action by the Local Authority under the Public Health or Housing Acts 728

STATUTORY ACTION.

PUBLIC HEALTH ACTS. Number of houses in respect of which notices were served requiring defects to be remedied 484

Number of houses in which defects were remedied after service of formal notices—

(a) by owners	301
(b) by Local Authority in default of owners	87

HOUSING ACT, 1936. Number of houses made fit after service of formal notices (Sections 9, 10 and 16)—

(a) by owners	....	....	....	....	....	....	Nil
(b) by Local Authority in default of owners	....	....	....	....	....	....	Nil

SECTION XVI

INSPECTION AND SUPERVISION OF FOOD

Report by Veterinary Officer on Meat Inspection.

PUBLIC ABATTOIRS.

The unsatisfactory lay-out of the Abattoirs was described in previous reports. The consideration of major reconstruction and modernisation, which had been the subject of preliminary discussion with the Ministry of Food in 1951, was further considered in 1952, but deferred until the Government's decision on the siting of slaughterhouses in the north-west is known. Some essential repairs have been effected, and new ablution and lavatory accommodation for the Abattoirs staff was provided in 1952.

The 50,392 animals slaughtered during 1952 aer the highest recorded in any year. Consequently the premises were used to their fullest extent, and during the autumn, when supplies of home-killed meat were at their peak, it was not possible to slaughter all animals available for the districts covered by Burnley Abattoirs, and, therefore, 542 sides of beef, 977 carcasses of sheep and 699 pigs were received after being slaughtered at other centres. These were inspected after delivery, in addition to all the carcasses slaughtered locally.

The incidence of *cysticérus bovis* in carcasses of home-killed beef, which gave some concern in the immediate post-war years, appears to be declining. It was found in 13 carcasses in 1952, as compared with 32 in 1951.

The incidence of tuberculosis has not shown any reduction in recent years, and it will probably be several years before the effects of the Ministry of Agriculture's policy for eradication of tuberculosis in cattled will be reflected in abattoirs statistics relating to disease. Tuberculosis was found in nine young calves, and in seven of these instances, Ministry of Agriculture Officers were able to trace the tuberculous dams and have them slaughtered. A high proportion of cow carcasses was rejected because of acetonæmia, which would indicate that there are still farms on which the soil is deficient in minerals.

Particulars of animals slaughtered at the Burnley Abattoirs during 1952, and the extent of diseased conditions found therein, are as follows:—

	No. of animals slaughtered and examined	Animals Diseased					
		Tuberculosis			Diseases other than Tuberculosis		
		Whole carcasses condemned	Carcases of which some part or organ was condemned	Percentage of animals inspected	Whole carcasses condemned	Carcases of which some part or organ was condemned	Percentage of animals inspected
Horses	177	—	—	—	8	15	13·00%
Cattle excluding Cows	5,571	19	445	8·33%	3	3,255	58·48%
Cows	3,231	86	1,265	41·81%	16	2,557	79·63%
Calves	1,724	9	—	0·52%	65	4	4·00%
Sheep & Lambs	35,870	—	—	—	27	3,671	10·31%
Pigs	3,819	9	204	5·58%	42	159	5·26%
TOTAL	50,392	123	1,914	4·04%	161	9,661	19·49%

In addition to the above number of animals slaughtered, 542 sides of beef, 977 sheep and 699 pigs from other depots, were examined.

The amount of meat found to be diseased and unfit for human consumption in the course of post-mortem examination of the animals referred to above during 1952 was:—

	Tons	Cwt.	Qrs.	Lbs.
On account of Tuberculosis	56	7	1	12
On account of other conditions	42	9	3	13½
	98	17	—	25½

This amount is 30 tons less than the weight rejected in 1951. The reduction is in the main due to tuberculous lesions in cattle being less extensive than was the case in earlier years, and may be largely accounted for by cattle which react to the tuberculin test being now sent more frequently for slaughter instead of being sold for inclusion in non-tuberculin-tested herds.

Food and Drugs Act, 1938, Sections 8 to 12.

Visits made to premises where food is prepared, stored or sold were as follows:—

Abattoirs	....	....	....	1,516	Other premises	....	....	....	69
Food Shops and Food preparing premises	....	....	....	968	Market	....	....	....	748
Milk, Dairies and Vehicles	....	....	....	169	Wholesale warehouses	....	....	....	73
					School Canteens and kitchens	....	....	....	58

Number of infringements found during the above visits was 197.

Food found not to be fit for human consumption:—

Meat (fresh and cooked) .	2,279 lbs.	Bacon	....	....	....	49 lbs.	
Tinned Meats	....	....	2,693 lbs.	Vegetables	....	....	1,050 lbs.
Tinned Fish	....	....	305 tins.	Fish (Wet)	....	....	2,588 lbs.
Tinned Milk	....	....	554 tins.	Dried Fruits	....	....	510 lbs.
Tinned and Bottled				Cereals and			
Fruits	....	....	12,001	Confectionery	....	....	412 lbs.
Tinned Soups, Veggies, etc.	3,077 tins.			Butter, Margarine	....		222 lbs.
Ice Cream	....	....	7,814 bars.	Cheese	....	....	31 lbs.
Jellies	....	....	79	Jams, Syrup, etc.	....		140 lbs.
Sugar	....	....	640 lbs.	Tea and Coffee	....	....	130 lbs.
Sundries	....	....	197 lbs.				

Total weight—13 tons, 18 cwts., 0 qr., 25 lbs.

Public Health Meat Regulations, 1924.

Cases dealt with under these regulations numbered 105, the greater number being in connection with the production or distribution of meat.

Disease of Animals Act, 1950 (Duties of Local Authority).

Number of inspections carried out....	....	....	....	....	89
Number of infringements found	....	....	....	....	39
Number of verbal notices	....	....	....	....	19
Number of notices served	....	....	....	....	7
Proceedings taken	....	....	....	....	2

Diseases of Animals Act, 1950.

Sheep Scab Order, 1938. No special action under the Order was required during the year.

Swine Fever Order, 1938. Three suspected outbreaks occurred, one of which was confirmed.

Anthrax Order, 1938. No cases of Anthrax were confirmed.

Foot and Mouth Disease Order, 1938. No action was necessary under this Order.

Fowl Pest Order, 1938. Several suspected outbreaks were reported towards the end of the year. Four were confirmed and approximately 1,600 head of poultry were slaughtered.

Tuberculosis Orders, 1938 and 1946. The Veterinary Officer, acting as an Inspector for the Ministry of Agriculture, arranged for the slaughter of, and performed post-mortem examinations on 9 animals dealt with under the provisions of the Orders.

MILK SUPPLY.

Incidence of Bovine Tuberculosis. One hundred and twenty-eight samples of raw milk were examined biologically. Of 63 samples of tuberculin tested milk, one was positive. Of 2 samples of accredited milk, none was positive. Of 63 samples of undesignated milk, four were positive.

The positive sample of tuberculin tested milk was derived from a herd subject to the tuberculin test only, and not from an attested herd. This emphasises the wisdom of the provisions of the Milk (Special Designations) (Raw Milk) Regulations, 1949, whereby, after October 1954, all raw tuberculin tested milk will be derived only from attested herds.

There has been a marked increase in recent years in the sale of both tuberculin tested and pasteurised milk. It is a matter of some concern that of 63 samples of undesignated milk, no less than four were found to contain tubercle bacilli.

The producers of the infected milk supplies were served with notices under Section 20 of the Milk and Dairies Regulations, 1949, requiring the milk to be subjected to heat treatment until such time as the herds were declared free from infection. This measure is only palliative and does not prevent re-occurrence of the infection at the same farm within a few months.

All milk supplied to school children is pasteurised.

Examination of Milk for Cleanliness.

Two hundred and ninety two samples of milk, which were taken in the course of delivery, were submitted to bacteriological examination and/or for the phosphatase test. Details are as follows:—

	Un-designated	Accredited	Tuberculin Tested	Tuberculin Tested Pasteurised		Pasteurised	
				Half Hour Methylene Blue Test	Phosphatase Test	Half Hour Methylene Blue Test	Phosphatase Test
				Methylene Blue Reductase Test			
Satisfactory	52	1	111	1	18	1	59
Unsatisfactory	27	2	16	—	—	—	4
Total	79	3	127	1	18	1	63

The cleanliness, and, therefore, the keeping quality of milk is steadily improving. Only a few producer-retailers do not reach a satisfactory standard in their methods of production.

Milk and Dairies Regulations, 1949.

No. of distributors registered for sale of milk	....	....	342
No. of premises inspected	....	....	54
No. of infringements found	....	....	34

Of the 342 registered distributors of milk, five only occupy dairy premises ; the remainder distribute mainly sterilised milk in sealed bottles as received from licensed bottling establishments.

Milk (Special Designation) (Raw Milk) Regulations, 1949.

Dealers' Licences for Tuberculin Tested Milk (including Supplementary)	17
--	------	------	------	------	------	----

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

Pasteurised ⁷⁵ Licences	....	....	....	....	....	1
Dealers' Licences for Pasteurised Milk	....	....	....	....	....	13
Dealers' Licences for Sterilised Milk	....	....	....	....	....	329

Pet Animals Act, 1951.

This Act, which came into operation on 1st April, 1952, regulates the sale of pet animals, and no person shall keep a pet shop except under the authority of a licence granted by the Local Authority.

In April, 1952, seven persons were granted licences in respect of eight shops in the Borough. One licence was refused because of the unsatisfactory conditions under which animals were kept, and the owner of the pet shop ceased to sell pet animals.

Conditions were specified in the licences for securing satisfactory accommodation, cleanliness, precautions against spread of disease, fire precautions, etc. Inspection of these premises is carried out by the Veterinary Officer.

Ice Cream.

Bacteriological Examination.

One hundred and twenty six samples of ice cream were submitted for bacteriological examination during the year, and the following results were returned:—

Grade	Methylene Blue Test (Provisional Grades)			
	1	2	3	4
No. of Samples in each Grade	60	31	15	20

Investigations were made into the methods of sterilisation and manufacture of ice cream manufactured locally in the case of Grade 3 and 4 samples, and further samples were taken, with satisfactory results. Firms outside Burnley were notified of unsatisfactory results, together with the corresponding Local Authority, so that appropriate measures could be taken to improve the standard.

During the year six local firms used the hot mix method of manufacture.

Food Hygiene.

Progress in effecting a higher standard of hygiene in food preparing and catering premises and in food shops has been satisfactory. One sanitary inspector continues to be employed solely on this work, and much time is devoted to advising on improvements to premises and more hygienic technique. A considerable number of food preparing premises, butchers shops, etc., have installed additional equipment, particularly wash basins and improved hot water supplies. Most food shops continue to display cards, provided by the Council, requesting customers not to take dogs into shops.

Considerable progress has also been made to ensure better protection against contamination of food stuffs sold from stalls in the Open Market. Several meetings were held during the year with representatives of stall-holders, particularly those selling fruit and vegetables. By the end of 1952, stall-holders selling confectionery, groceries, unwrapped sweets, etc., had provided screens of glass or other transparent material on the front of their stalls to protect the foodstuffs from direct contamination from the public. Opposition was voiced by the fruit and vegetable stall-holders, who feared that such screens might accelerate deterioration of their products. Finally in January, 1953, the Council resolved that after the expiration of four months, no stall would be let to any food trader who did not comply with the requirements of the Medical Officer of Health under the Byelaws made under Section 15 of the Food and Drugs Act, 1938. By July, 1953 all these stall-holders had provided suitable protective screens. Improvements are now being made in the arrangements for disposal of fruit and vegetable refuse from the Open Market.

The lecture course on food hygiene for persons employed in the food preparation and catering trades, which commenced in 1951, was continued until the spring of 1952.

SAMPLES TAKEN DURING 1952.

Analysis of Samples of Food and Drugs.

Nature of Sample	Formal		Informal		Total	
	Genuine	Adult- erated	Genuine	Adult- erated	Genuine	Adult- erated
Almonds (Ground)	—	—	3	—	3	—
Aspirin	—	—	2	—	2	—
Baby Soup	—	1	1	2	1	3
Beans (canned)	—	—	5	—	5	—
Beef Paste	—	—	5	—	5	—
Beef Suet	—	—	2	—	2	—
Butter	2	1	1	—	3	1
Coconut (coloured)	—	—	1	—	1	—
Coconut (dessicated)	—	—	1	—	1	—
Coffee	—	—	2	—	2	—
Coffee and Chicory	—	—	1	1	1	1
Compound Cooking Fat	2	—	—	—	2	—
Cornflour	—	—	1	—	1	—
Cream	1	—	—	—	1	—
Cream (Synthetic)	—	—	3	3	3	3
Curry Powder	—	—	1	—	1	—
Custard Powder	—	—	1	—	1	—
Digestive Mints	—	—	1	—	1	—
Fish Cakes	—	—	1	—	1	—
Fish Paste	—	—	1	—	1	—
Ginger (Ground)	—	—	1	—	1	—
Grape Fruit Juice	—	—	1	—	1	—
Herbs (Marjoram)	—	—	1	—	1	—
Hop Bitters	—	—	—	3	—	3
Hop Bitter Concentrate	—	—	—	6	—	6
Hop Bitter Ingredients	—	—	2	—	2	—
Hops	—	—	1	—	1	—
Ice Cream	—	—	57	11	57	11
Ice Cream Ingredients	—	—	1	—	1	—
Iced Lollies	—	—	18	5	18	5
Jam	—	—	2	—	2	—
Jelly Crystals	—	—	5	3	5	3
Jellies (Table)	—	—	2	1	2	1
Lard	1	—	—	—	1	—
Lemon Cheese	—	—	3	2	3	2
Lemon Curd	—	—	2	1	2	1
Liquorice Crunch	—	—	1	—	1	—
Malt Sweets	—	—	1	—	1	—
Margarine	3	—	3	1	6	1
Marshmallow Creme	—	—	1	—	1	—
Meat Pie Filling	—	—	—	1	—	1
Milk	144	11	136	9	280	20
Mince meat	—	—	1	—	1	—
Mineral Waters and Cordials	—	—	59	2	59	2
Neatsfoot Oil	—	—	1	—	1	—
Numol Body Building Food	—	—	1	—	1	—
Nut Mixture	—	—	1	—	1	—
Ointments	—	—	10	2	10	2
Pastry Mixture	—	—	—	1	—	1
Pea Nut Butter	—	—	1	—	1	—
Peas (Canned)	—	—	7	—	7	—
Pepper Flavoured Compound	—	—	1	—	1	—
Pepper (Ground White)	—	—	2	—	2	—
Petroleum Jelly	—	—	—	1	—	1

Analysis of Samples of Food and Drugs—continued.

Nature of Sample	Formal		Informal		Total	
	Genuine	Adult-erated	Genuine	Adult-erated	Genuine	Adult-erated
Sauce	—	—	1	—	1	—
Sausage (Beef)	1	—	12	1	13	1
Sausage (Pork)	—	1	6	3	6	4
Sausage Meat (Pork)	—	—	2	—	2	—
Soft Drink Powder	—	—	—	1	—	1
Sugar (lactic)	—	—	1	—	1	—
Toffees and Sweets	—	2	14	16	14	18
Tomato Juice (Non-Alcoholic)	—	—	1	—	1	—
Tomato Ketchup	—	—	5	—	5	—
Welsh Rarebit	—	—	1	—	1	—
Wheat Embryo	—	—	1	—	1	—
	154	16	399	76	553	92

Particulars of FORMAL Samples Adulterated or Below Standard.

SAMPLES	RESULT	ACTION TAKEN
Baby Soup.....	Contained excessive amount of zinc and lead	Manufacturer warned. Investigation revealed defects in plant.
Butter.....	Slight excess water	Manufacturer warned.
Milk—4 samples	Slight deficiency of fat.....	Producers warned. Further samples found to be genuine.
Milk—3 samples	Slight deficiency of fat and slight amounts of extraneous water	
Milk—2 samples	Slight amounts of extraneous water	
Milk.....	10.2% extraneous water.....	Vendor prosecuted.
Milk.....	Raw milk sold as pasteurised....	Retailer warned. Method of distribution investigate and advice given.
Pork Sausage.....	20% meat deficiency and contained soya flour	Referred to Ministry of Food. Ministry warned Manufacturer. Local supply discontinued.
Butter Toffee..... —2 samples	Devoid of butter fat.....	Manufacturers prosecuted.

Particulars of INFORMAL Samples Adulterated or Below Standard.

SAMPLE	RESULT	ACTION TAKEN
Baby Soup..... —2 samples	Excessive zinc and lead	Formal sample taken.
Coffee and Chicory ..	Coffee only.....	Retailer warned.
Synthetic Cream	Devoid of egg yolk claimed on label	Manufacturer warned. Label altered.
Synthetic Cream	4% fat deficiency	Manufacturer warned.
Synthetic Cream	Ambiguous labelling.....	Manufacturer warned. Stock destroyed.
Hop Bitters	Sugar deficiency	Notified to Ministry of Food.
Hop Bitters, concentrates—6 samples	Dilution instructions give sugar deficiency	Notified to Ministry of Food.
Ice Cream	Deficiencies in fat and solids— not fat	Manufacturers warned.
Iced Lollies..... —3 samples	Wrongly labelled	Manufacturers warned. Ministry of Food notified.
Iced Lollies..... —2 samples	Slight deficiency of sugar.....	Manufacturer warned, and sugar content increased.
Jelly Crystals and Table Jellies —4 samples	Failed to comply with setting test	3 samples manufactured abroad— Ministry of Food notified. 1 sample— Manufacturer interviewed; further samples satisfactory.
Lemon Cheese	Deficiency of soluble solids	Manufacturer warned.
Lemon Cheese	Deficiency of fat	Manufacturers warned. Further samples satisfactory.
Margarine	Slight excess of water	Wholesalers notified; further samples satisfactory.

Particulars of INFORMAL Samples Adulterated or Below Standard—continued.

SAMPLE	RESULT	ACTION TAKEN
Meat Pie Filling.....	Artificial colouring matter	Supplier warned.
Milk—3 samples	Fat deficiency	Producer warned ; further samples satisfactory.
Milk—6 samples	Extraneous water	Formal samples taken.
Cordials—2 samples	Devoid of fruit juice	Manufacturer warned. Labels altered.
Ointments	Wrongly compounded	Pharmacist warned.
—2 samples		Further samples satisfactory.
Pastry Mixture	Mite infestation	Stock condemned.
Petroleum Jelly	Wrongly labelled	Manufacturer warned.
Beef Sausage	Meat deficiency	Manufacturer warned. Ceased production.
Pork Sausage.....	Meat deficiency	Manufacturers warned.
—2 samples		One ceased production.
Pork Sausage.....	Meat deficiency and contained soya flour	Formal samples taken.
Soft Drink Powder....	Excess starch ; wrongly labelled	Manufacturer warned.
Toffee and Sweets	Butter fat less than 4%	Manufacturers warned.
—16 samples	(agreed code of practice)	In 12 instances labelling altered to conform to contents.

POLICE COURT PROCEEDINGS. 1952.

No. Case	Act, Byelaw or Regulation under which proceedings were taken	Offence	Result
1	Food and Drugs Act, 1938, Section 3(1)	Selling Milk containing 10·2% added water	Vendor submitted milk was for pig feeding. Case dismissed.
2	Food and Drugs Act, 1938, Section 3(1)	Selling Rum and Butter Whirls devoid of butter fat	Manufacturers fined £3, plus £1. 11s. costs.
3	Food and Drugs Act, 1938, Section 3(1)	Selling Butter Drops deficient of butter fat	Manufacturers fined £1 plus £3 3s. costs.
4	Diseases of Animals Act, 1950. Movement of Animals Records Order, 1925	Failing to keep Records of movement of animal	Fined 10/-d.
5	Diseases of Animals Act, 1950. Tuberculosis Order, 1938	Failing to notify cow suspected to be suffering from tuberculosis	Case Dismissed.
6	Diseases of Animals Act, 1950. Tuberculosis Order, 1938	Failing to notify cow suspected to be suffering from tuberculosis	Fined £2 and £1. 1s. costs.
7 to 13	Food and Drugs Act, 1938, Section 9....	Seven cases. Depositing unsound food for purpose of sale	Cases adjourned sine die as defendant committed to prison on another charge.
14	Food and Drugs Act, 1938, Section 78	Obstructing Officer of Local Authority	

SECTION XVII MISCELLANEOUS.

Medical Examinations.

Particulars of medical examinations carried out during 1952:—

PURPOSE	No. of Exams
Retirement	2
Workmen's Compensation Act	19
Fitness for employment (Superannuation)....	282
Road Traffic Act	179
Fitness to Work	43
School Meals Service	45
Accidents	2
Others	29
Total	601

Investigation of Atmospheric Pollution.

The following are average monthly figures of pollution of the atmosphere at two sites in the Borough.

Detail	Site of Gauge		
	Gannow I.W.C.	Bank Hall Hosp.	Inf. Dis. Hosp.
	Tons per Sq. mile	Tons per Sq. mile	Tons per Sq. mile
Total undissolved matter	—	20.90	5.76
Total dissolved matter	—	8.20	6.00
Total deposit	—	29.10	11.76
Sulphate as So_4''	—	2.76	1.70
Chlorine as Cl'	—	1.67	1.62

The Gauge at Gannow I.W.C. was not in use during the year.

The Weather of 1952 compared with 1951.

METEOROLOGICAL OBSERVATIONS AT QUEEN'S PARK.

	Bright Sunshine			Rainfall			Temperatures				No. of days of Ground Frost	Mean Relative Humidity
	Total Amount in Hrs.	No. of days of sun	Highest amount in 24 hrs.	Total Fall in Ins	No. of days of rain	Highest amount in 24 hrs.	Mean in Shade	Mean Range	Mean Earth 1 Foot	Mean Earth 4 Feet		
Average 40 Years	1074.1	269	15.3 hrs. on 7/6/21 & 29/6/21)	42.31	210	2.420 ins. (9/10/41)	47.2°	12.4°	47.7°	48.8°	112	82.2%
1951	1126.7	252	14.6 hrs. (5 June)	49.5	212	1.10 ins. (24 Dec)	46.6°	11.2°	47.6°	47.7°	118	83.8%
1952	978.6	265	14.2 hrs. (5 July)	39.9	193	1.693 ins. (9 Aug)	46.5°	12.4°	47.7°	48.3°	129	80.9%

MEAN METEOROLOGICAL READINGS, RECORDED AT QUEEN'S PARK, 1952.

LAT.: 53° 47' 30" N. LONG.: 2° 14' 30" W.

Barometer Cistern 458 feet above Mean Sea Level.

THERMOMETERS.										RAINFALL				BRIGHT SUNSHINE				DIRECTION OF THE WIND AT 9 A.M. G.M.T.													
1952	Mean Air Pressure at Mean Sea Level	IN SCREEN				IN GROUND				Mean Relative Humidity				No. of days		Total Fall		Most in a day		No. of days of Sun		Total Am-ount		Daily Mean		Most in a day		No. of Days of:			
		Mean Max.	Mean Min.	Mean Temp	Highest	Absolute Extremes of Temperature		Mean Min. on Grass 1 foot	Mean 4 feet	Mean	Min.	Max.	No.	M.M.	M.M.	Hrs.	Hrs.	Hrs.	Hrs.	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	C'm			
						Date	Lowest																						Date		
Jan. ...	1010.2	29.833	40.0	29.0	34.5	50	7 1/52 14 1/52 15 1/52	27 1/52	9°	26.0°	37.2°	42.2°	86.8°	21	141.6	18.1	31 1/52	13	10.4	0.3	1.8	12 1/52 18 1/52	—	2	3	2	—	10	11	2	1
Feb. ...	1020.4	30.133	42.0	31.0	36.5	48	25 2/52	13 2/52	16°	25.0°	35.8°	39.4°	86.1°	11	38.6	15.6	10 2/52	17	46.1	1.6	5.8	9 2/52	—	3	2	—	1	3	8	5	7
March ...	1011.5	29.870	47.6	37.6°	42.6°	55	8 3/52	27 3/52	26°	32.0°	41.9°	41.8°	77.9%	13	41.8	6.6	21 3/52	27	86.4	2.8	9.3	31 3/52	1	7	6	5	1	5	5	1	—
April ...	1015.7	29.995	55.0°	40.0	47.5	66	14 4/52 18 4/52	1 4/52	23°	35.0°	45.9°	44.0°	73.0%	16	83.1	24.9	14 4/52	27	142.2	4.7	11.8	17 4/52	—	1	—	4	1	6	9	3	3
May ...	1017.1	30.036	63.0°	47.0°	55.0°	80	17 5/52	30 5/52	40°	43.0°	54.3°	49.4°	74.9%	13	49.3	17.1	8 5/52	30	183.7	5.9	12.7	21 5/52	1	4	—	8	2	3	10	2	1
June ...	1013.0	29.916	65.0°	49.0°	57.0°	76	28 6/52	7 6/52	37°	47.2°	57.2°	54.2°	79.5%	15	71.5	20.5	21 6/52	25	160.6	5.4	13.6	3 6/52	1	2	—	3	2	5	16	1	—
July ...	1019.7	30.113	65.2°	53.9°	59.5°	78	6 7/52	15 7/52	42°	51.1°	60.7°	56.4°	75.3%	18	61.7	11.0	19 7/52	29	138.5	4.5	14.2	5 7/52	3	1	2	4	—	5	15	1	—
Aug. ...	1011.5	29.870	64.8°	51.4	58.1°	73	30 8/52	21 8/52	43°	48.0°	59.7°	57.5°	82.0%	15	144.7	43.0	9 8/52	27	143.2	4.62	10.5	12 8/52	—	4	3	1	1	3	16	3	—
Sept. ...	1015.2	29.980	55.0°	43.0°	49.0°	64	3 9/52	20 9/52	30°	39.0°	53.7°	55.3°	81.0%	20	93.6	24.2	25 9/52	24	82.5	2.7	8.2	7 9/52	3	6	4	1	—	4	11	1	—
Oct. ...	1009.8	29.820	52.0°	40.0°	46.5°	58	28 10/52	11 10/52	28°	36.0°	47.6°	51.0°	83.4%	19	126.9	25.0	28 10/52	25	71.4	2.3	5.1	11 10/52	—	2	6	5	—	8	7	3	—
Nov. ...	1015.6	29.994	42.8°	32.6°	37.7	53	4 11/52	25 11/52	18°	27.1°	42.3°	47.5°	83.7%	11	52.7	18.3	4 11/52	15	30.1	1.0	5.2	11 11/52	2	5	5	1	1	3	2	9	2
Dec. ...	1011.0	29.857	40.6°	29.8°	35.2°	48	22 12/52	15 12/52	21°	27.8°	36.7°	41.7°	88.3%	21	108.5	16.9	16 12/52	6	3.5	0.11	1.3	1 12/52	1	1	1	1	4	7	7	3	6
Whole Year ...	1014.2	29.951	52.7°	40.3°	46.5°	80	17 5/52	27 1/52	9°	36.4°	47.7°	48.3°	80.9%	193	1014.0	43.0	9 8/52	265	978.6	2.99	14.2	5 7/52	12	38	32	35	16	62	117	34	20

NUMBER OF DAYS OF :

SNOW OR SLEET		SNOW LYING (at obs. hour)		HAIL		THUNDER HEARD		FOG (at obs. hour)		GROUND FROST		GALE	
30		24		11		16		25		129		12	

APPENDIX.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
BURNLEY COUNTY BOROUGH, 1952.

Special Survey of Local Health Services
provided under the National Health Service Acts.

1. ADMINISTRATION.

The Medical Officer of Health is in administrative control of all the services administered by the Local Health Authority under Part III of the National Health Service Act, 1946. Co-ordination with the Hospital and Specialist Services, the General Medical and Dental Services, etc., under the Act is effected in the following ways :-

- (a) Frequent consultation is held between the Medical Officer of Health and the Group Secretary of the Burnley and District Hospital Management Committee on matters affecting the Local Health Authority and the Management Committee. Similar consultation is held between the Medical Officer of Health and the Clerk to the Burnley Executive Council.
- (b) The Medical Officer of Health is a member of the following Committees and Sub-Committees :-
 - (i) Burnley and District Hospital Management Committee, and of the Finance and Establishment, Infectious Diseases Hospital and Victoria General Hospital Sub-Committees of the Management Committee.
 - (ii) The Medical Advisory Committee, which advises the Burnley and District Hospital Management Committee on medical matters affecting the local hospitals.
 - (iii) The Burnley Executive Council and its Ophthalmic Services Sub-Committee, etc.
 - (iv) The Local Medical Committee, which deals with matters under Part IV of the National Health Service Act, 1946 referred by the Executive Council.
 - (v) The Executive Committee of the Burnley Branch of the British Medical Association.
 - (vi) The Liaison Committee of County and County Borough Medical Officers of Health and Officers of the Manchester Regional Hospital Board.
 - (vii) The Calderstones Mental Deficiency Hospital Management Committee

There are no joint arrangements with other local health authorities.

2. CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE.

Apart from the arrangements described in 1 above, the following arrangements are in operation :-

- (a) Orthopaedics - A fortnightly orthopaedic clinic for children of pre-school and school age is held in the Authority's clinic premises. By arrangements made with the Manchester Regional Hospital Board, the Consultant Orthopaedic Surgeon pays pastoral visits to this clinic to ensure that there is liaison and integration with the local hospitals orthopaedic services, and the Assistant Orthopaedic Surgeon conducts these fortnightly clinics. Close co-operation exists between the Orthopaedic Surgeon and the Medical Officer of Health in arrangement for hospital treatment of children suffering from crippling, etc., defects and diseases.
- (b) An ear, nose and throat clinic is held by appointment at the Authority's clinic premises (approximately 10 sessions per annum) to which pre-school and school children are referred by the Authority's medical officers, after consultation with patients' own medical practitioners. This Consultant Clinic is conducted by the Consultant Ear, Nose and Throat Specialist by arrangements made with the Manchester Regional Hospital Board. Operative treatment in the local hospital is arranged by direct reference to the hospital from the clinic, and there is interchange of medical records.

The duties of the Consultants mentioned in (a) and (b) above are covered by their contracts with the Manchester Regional Hospital Board, and no charge for their services at these clinics falls upon the Health Authority.

- (c) The Consultant Ophthalmologist for the area conducts ophthalmic clinics for pre-school and school children in the Authority's clinic premises, by direct arrangement between the Specialist and the Local Education and Health Authority. Since the inception of the National Health Service in 1948, two or three clinics were held weekly as required, but recently owing to pressure of other work, the Specialist has been able to devote only one session weekly to this work. Arrangements were therefore made in October 1952, for the necessary additional specialist sessions to be held by another ophthalmic specialist from Blackburn. Operative treatment in the local hospital is arranged by direct reference to the hospital from the clinic and there is interchange of medical records.

General medical practitioners are consulted and informed prior to reference of cases by the Authority's Medical Officers to the consultant clinics and reports are forwarded to general practitioners from the Authority's clinics.

- (d) One of the two Chest Clinics administered by the Burnley Hospital Management Committee continues to be held in the Authority's clinic premises, but in 1953 this clinic will be transferred to the Burnley Infectious Diseases Hospital, where a ward block will be converted into a chest clinic to serve the whole of the area covered by the Burnley and District Hospital Management Committee.

The Consultant Chest Physician pays pastoral visits to the Chest Clinic and the Assistant Chest Physician conducts these clinics. The Health Authority pays the Manchester Regional Hospital Board 3/22nds of the salary of the Assistant Chest Physician who undertakes domiciliary duties in connection with prevention, care and after-care of tuberculous persons and contacts, and B.C.G. vaccination.

- (e) The Medical Officer of Health is Honorary Adviser in Epidemiology to the Burnley Hospitals.

The Authority's Medical Officers do not hold any part time appointments in the local hospitals.

The Authority's health visitors investigate the home conditions of all patients who are recommended by general medical practitioners for admission to the wards in the General Hospital for chronic sick patients, and report on a pro-forma to the Hospitals Bed Bureau on the domiciliary circumstances and priority of admission of such cases. They also, as required, report on domiciliary circumstances of patients who are due for discharge from the wards for the chronic sick.

The Authority's staff investigate and where necessary decide on priority or urgency of admission to hospital, having regard to home circumstances, of patients suffering from infectious disease.

The names and addresses of applicants for admission to the Bank Hall Maternity Hospital are passed from the hospital to the Medical Officer of Health, and the health visitors investigate and report on the home circumstances of each case, in order to determine priority of admission, as recommended in Circular H.M.C. (51) 68. Bookings of beds in the Maternity Hospital are confirmed only after receipt of the health visitors' reports.

Health Visitors are increasingly employed in investigating

home conditions of elderly people referred by general practitioners and voluntary agencies, and arrange for care through the Home Nursing, Home Help and "Meals on Wheels" Services.

Midwives are being employed to a relatively greater extent as maternity nurses and less as midwives for domiciliary confinements. The following figures show the trend in recent years, in respect of births which took place in the Borough (including cases which came into the town from other areas for their confinements).

Attendances at Birth.

Year.	Attended by Doctors only.	By both doctors and midwives acting as matern- ity nurses.	By midwives only.	Delivered in Maternity Hospital.
1947	2	179	868	829
1948	2	175	555	834
1949	-	250	486	795
1950	2	207	432	966
1951	2	120	345	1062
1952	-	127	278	1122

These figures also show the increasing extent to which patients are seeking admission to the Maternity Hospital, especially since the number of beds was increased from 36 to 53 early in 1950.

Co-operation between the staffs of the local hospitals and the Health Department has been satisfactory in the following-up of children discharged from the hospitals after treatment, but I am of opinion that more effective use of the health visiting and nursing staff of the Authority could be made by the staffs of the hospitals in the following-up of cases requiring after-care, particularly domiciliary nursing, after return home from hospital. Comparatively few requests come direct from the hospitals for domiciliary nursing of patients after discharge, and it would appear that some patients who attend the hospital out-patients department for dressings could have dressings carried out by the Home Nursing staff, with consequent saving of travelling by patients and lessening of pressure on the staff of the out-patients department.

Although medical practitioners are appreciative of the services of the Authority's Home Nursing staff, a large proportion of the patients attended by the nurses suffer from chronic ailments, and it would appear that greater use of the Home Nursing staff could be made for the nursing of acutely ill persons.

After the services administered by the Authority under the National Health Service Act, 1946 were established, medical practitioners in the area were informed by letter, of the services available and how the help of the Authority's staff could be obtained. Subsequently a booklet was published, copies of which were sent to all medical practitioners in the area, and copies were made available for the general public through the Council's offices and clinics, the Public Library, Post Office, etc.

3. JOINT USE OF STAFF.

The arrangements by which the Ear, Nose and Throat Specialist, the Orthopaedic Surgeons and the Consultant Ophthalmologist undertake work in the Authority's clinics are described in 2 above under Co-ordination and Co-operation.

One general medical practitioner is employed on a sessional basis for two sessions each week, to conduct ante-natal and post-natal examinations on patients for whom municipal midwives are engaged to attend confinements.

The medical officers employed by the Authority do not undertake any part-time work in the Hospital and Specialist Service.

The Orthoptist employed by the Authority undertakes orthoptic treatment in the Authority's clinic premises, of children referred to her by the Consultant Ophthalmologist both from the Authority's eye clinics, and from the eye clinics held by the consultant at the local hospital.

The Speech Therapist employed whole-time by the Authority undertakes voluntarily, one evening session each week in the Victoria Hospital, for speech therapy of adult patients referred to her by the consultants for the local hospitals and general medical practitioners. This adult speech therapy clinic commenced in January 1953.

4. VOLUNTARY ORGANISATIONS.

The Authority does not make direct use of any voluntary organisations in the conduct of their Health Services, but close co-operation is maintained between the staff of the Public Health Department and the Burnley Council of Social Service and the Women's Voluntary Services.

"Meals on Wheels" Service - When the Authority took over the Home Nursing Service in July 1948 from the District Nursing Association which previously administered it, the Association had considerable sums of money invested. Application was made to the Board of Charity Commissioners, who approved a scheme to enable the Charity and the endowments thereof to be administered under

the title of the Burnley Sick Poor Fund. A body of eight trustees to administer the Fund includes three appointed by the County Borough Council, and the Mayor and the Medical Officer of Health for the time being are ex-officio trustees. The yearly income of the Charity is to be applied in all or any of the ways set out in the scheme, which includes the supply to sick poor persons in their own homes of cooked meals and special foods. Under this scheme, about 30 mid-day meals are provided on five days each week to infirm old people in their own homes. The meals are purchased from the Municipal Kitchens, transported in individual containers, kept hot in a heated oven in a motor van purchased for the purpose. Members of the Women's Voluntary Services, on a rota, assist in the distribution and serving of the meals. The day-to-day administration of the scheme is carried out on behalf of the trustees by the Medical Officer of Health and his staff, and investigation and selection of persons to receive meals are made by the Home Help Organiser and the health visitors. This service came into operation on the 27th October 1952.

The Thursby Convalescent Home for children, St. Annes, which is administered by a voluntary committee, provides convalescent treatment for children from Burnley and adjoining areas. About 75% of the admissions are from Burnley, and all such cases are selected by the Authority's Medical Officers.

The Committee of the "House of Help", through their Welfare Officer, undertake the supervision of unmarried mothers and illegitimate children on behalf of the Authority (see 5 below)

A Burnley and District Branch of the Family Planning Association was formed in 1952, the Medical Officer of Health being Chairman of the Branch. The Authority granted use of clinic premises free of charge, and a Family Planning Clinic, held weekly in the evenings, came into operation in July 1952. The Branch employs a medical officer and nurse on a sessional basis, and lady members of the Branch assist in the clinic, on a rota.

P A R T I C U L A R S E R V I C E S.

5. CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

(a) Expectant and Nursing Mothers.

Three ante-natal clinic sessions are held weekly in the Elizabeth Street premises, two in the afternoons and one in the evening. These clinics are staffed by the Authority's domiciliary midwives and a lady medical practitioner is employed on a sessional basis for the afternoon sessions. The evening session is staffed by midwives only, but cases are referred from it when necessary, to the medical officer

in the day-time clinics. Close co-operation is maintained between these ante-natal clinics and general practitioners, cases being referred to their practitioners for examination and treatment when considered necessary. Similarly co-operation is maintained with the ante-natal clinics held in the Maternity Hospital, cases being referred to the Consultant Obstetrician at the hospital clinics when necessary, after consultation with the patient's medical practitioners.

No special post-natal clinic is held. Post-natal examinations are made at the ante-natal clinics.

No arrangement is made by the Authority for ante-natal clinics at general practitioners' own premises.

A special blood-testing clinic is held weekly, to which all primipara are referred, for examination of their blood for the Rhesus factor, Kahn test and blood group. Multipara who have not had these tests previously are also referred. General practitioners also refer expectant mothers to this clinic. In Rhesus negative cases with antibodies present, the mother attends about six weeks after confinement for a further blood test. When necessary, fathers attend to have a blood examination. The samples of blood are examined in the Manchester Blood Transfusion Laboratory. Wasserman tests are carried out when the results of the Kahn test indicate their desirability.

Sterilised maternity outfits are issued free to all expectant mothers being confined at home, on production of a certificate from a medical practitioner or midwife. These are issued from the ante-natal clinics and the Health Department offices, to meet the convenience of the patients.

(b) Mothercraft Training.

Lecture-demonstrations by health visitors are given as a routine to small groups of six to eight mothers at infant welfare centres. This is found to be more effective than lectures to large numbers. Occasional lectures are given at infant welfare centres by a dietician on infant foods, feeding of toddlers etc., and specimen foods are demonstrated. The booklet entitled "To Mothers and Fathers" published by the National Association for Maternity and Child Welfare, is supplied to every expectant mother, through the local authority and Maternity Hospital ante-natal clinics. Samples of clothing suitable for infants and toddlers are used in lecture-demonstrations and these, together with paper patterns are loaned to mothers who desire patterns from which to make clothing. Pamphlets are issued at the ante-natal and infant welfare centres by health visitors and midwives. Posters

are displayed at centres. A film-strip projector is used for lecture-demonstrations at centres and a supply of suitable film strips are maintained for this purpose. Gas and Air analgesia is demonstrated to expectant mothers at the ante-natal clinics to encourage its acceptance during delivery.

(c) Child Welfare.

From the inception of the National Health Service in 1948 until the end of 1952, six infant welfare centres were in use. In five of these, weekly sessions were held, and in the sixth, two sessions each week. One of these centres is in a hutted building in the grounds of the Maternity Hospital, the premises being rented by the Authority from the Manchester Regional Hospital Board.

In 1952, the conversion of a First Aid Post, in the Gannow district, which was built during the 1939 - 45 War, into a centre for local authority clinics and Occupation Centre for mental defectives, was completed, and in January 1953, two of the infant welfare centres which were previously held in church halls, were transferred to this new centre. It is intended as opportunity affords, to extend the clinical work for mothers and young children at this centre.

No specialist clinics are established, but close co-operation is maintained with the Consultant Paediatrician and when necessary, cases are referred to him at the hospital paediatric out-patient clinic, after consultation with the patients' medical practitioners. The desirability of establishing a specialist paediatric clinic in the Authority's premises is at present under consideration.

No special clinics are held by general practitioners in their own premises.

The total numbers attending the infant welfare centres during the last five years were :-

Total numbers attending the Infant Welfare Centres during the last five years.

Year	Net Live Births.		No. of sessions held.		A t t e n d a n c e s.										Average per session.		Number of Doctors' Consultations.		Number in average att'ce at end of year and who were		No. under 1 yr who attended during each year as %age of live births.
	1st.	Subsequent.	1st.	Subsequent.	Under 1 year.	1 - 2 years	2 - 3 years	3 - 4 years	4 - 5 years	TOTAL		Infants.	Children over 1 year.	Under 1 year.	1-5 years.						
1948	1467	357	894	13568	57	2039	26	874	13	449	7	209	997	17139	55	734	551	732	1084	60%	
1949	1384	350	880	11815	51	1841	28	925	7	379	6	81	972	15041	46	2536	566	769	1081	63%	
1950	1347	355	786	11396	40	1652	22	810	15	350	4	84	867	14292	43	1970	504	665	1013	58%	
1951	1254	359	852	11994	23	1228	17	548	11	261	6	58	909	14089	42	2187	474	715	833	68%	
1952	1173	357	734	12482	39	1454	29	453	19	208	4	122	825	14719	43	2362	573	682	947	63%	

(d) Care of Premature Infants.

Portable cots, mattresses, blankets, hot water bottles, mucous catheters and special feeding bottles are kept in the Health Department for loan to assist in the domiciliary nursing of premature infants. Each domiciliary midwife holds specially made jackets and hoods of gamgee tissue, for the protection of premature babies on whom they are in attendance. It is considered desirable that the Authority's domiciliary midwives should have a refresher course in the care of premature infants, but it has not so far been possible to arrange this locally.

The Maternity Hospital has a quilted basket in which babies born prematurely may be conveyed by ambulance to the Maternity Hospital. A similar basket will be available shortly in the ambulance station.

Hospital provision in the area for the care of prematurely born babies is, in my opinion, inadequate. Although the Maternity Hospital has on its staff a 'Sorrento' trained sister for the care of premature infants, there is no special accommodation either in the Maternity Hospital or in the children's part of the General Hospital for the reception and care of infants born prematurely at home. Premature infants born at home who require removal to hospital, are accepted by the Maternity Hospital.

(e) Supply of Dried Milks etc.

Welfare foods available under the Government Welfare Foods Scheme are stocked in all the infant welfare centres and an assistant is employed part-time for their distribution. The Authority does not stock any proprietary dried milk preparations, but cod liver oil and malt, liquid adexolin (vitamin A and D), redoxin (vitamin C) and fersolate tablets are stocked at the centres and ante-natal clinics, for free distribution to mothers and children when required for medical reasons.

(f) Dental Care.

When the National Health Service was inaugurated in 1948, the Authority's dental staff was two whole-time dental surgeons and a part-time surgeon for two sessions weekly. They undertook the dental care of school children and expectant and nursing mothers and pre-school children. In order to provide adequate dental care for expectant and nursing mothers and young children, it was intended to appoint a third whole-time dental surgeon. It was found impossible to obtain a third officer, and in October 1948, the part-time officer resigned. In February 1949, one of the whole-time officers resigned and for the next three years only one whole-time dental

surgeon and part-time sessional assistance were available. In February 1952 the remaining whole-time surgeon resigned and for four months, two general dental practitioners undertook ten sessions weekly. In June 1952 two whole-time dentists took up duty and a general practitioner undertook two sessions. As premises are now available for a third dental surgery in the recently opened Gannow Clinic (see Child Welfare above) it is intended in the near future to equip a surgery and endeavour to obtain a third whole-time officer.

Although every encouragement has been given to expectant and nursing mothers to accept dental inspection and treatment, great reluctance is shown on their part to submit to treatment. The following figures indicate the reluctance to accept treatment. The comparatively small number referred in 1952 is due to cessation of reference of cases in the first half of the year, when only part-time dentists were employed.

Year	Refer'd to Dentists	Att'ded for examin-ation.	Found to require treatment	Indicated willingness to accept treatment under Authority's scheme.	Attended for treatment	Made dentally fit
1948	542	271	217	152	116	107
1949	504	277	225	81	68	55
1950	662	313	222	75	47	40
1951	573	267	185	77	48	43
1952	294	170	105	74	69	73

No information is available of the numbers of these mothers who may have accepted treatment from general dental practitioners. It is hoped that, when a dental clinic is established in addition to the infant welfare centres, in the Gannow premises, the presence of a dental surgeon to interview mothers while they attend the welfare centres, may encourage more mothers to accept treatment.

Few young children have been referred from welfare centres to the dental clinic, but considerable numbers who attend nursery schools have been inspected and treated under the school dental service.

(g) Other Provision.

Young children attending infant welfare centres are referred to the central clinic premises when necessary, for treatment of minor ailments, specialist opinion at the ophthalmic, ear, nose and throat, and orthopaedic clinics, and for orthoptic treatment.

(h) Unmarried Mothers and Illegitimate Children.

Supervision, care and assistance for unmarried expectant and nursing mothers and illegitimate children are undertaken on behalf of the Authority by the social welfare officer employed by the Burnley and District Committee for the "House of Help". The following summarises the assistance given during the last five years :-

Year	No. of cases.	Assistance in connection with				
		Affilia- tion Orders.	Adoption Orders.	Accommodation in moral welfare homes.	Accommodation in Resident- ial Nurseries	Other
1948	10	5	1	2	-	3
1949	8	3	-	1	1	4
1950	16	3	3	3	-	7
1951	16	1	6	2	1	6
1952	12	1	7	2	-	3

6. DOMICILIARY MIDWIFERY.

The Authority employs ten midwives for domiciliary midwifery. There is no arrangement with any voluntary association. The midwives reside in different parts of the area and two act as reliefs for the others, for holidays and days and week-ends off duty. Four occupy houses in the Council's housing estates. Travelling expenses are paid by the Authority. Generally travel is by the local bus service, but four of the midwives who own cars, are given car allowances, and the others are enabled to obtain car transport for all night calls.

All the Authority's midwives hold a certificate for the administration of gas and air analgesia. Six sets of gas and air analgesia apparatus are held in the central ambulance station, and are transported at the request of midwives by the ambulance service to and from houses where deliveries take place. All midwives are instructed in the use of, and use pethidine.

The Superintendent Nursing Officer, who is a whole-time

officer, is non-medical supervisor of midwives. She holds the midwife-teacher's certificate. The Authority's midwives are interviewed in the Public Health offices once weekly by the supervisor, who also visits their homes frequently and, as occasion requires, supervises their domiciliary midwifery practice and their ante-natal and lying-in visits. She also frequently inspects their ante-natal and post-natal work in the ante-natal clinics.

Of the midwives who notified their intention to practise during the twelve months ending 31st January 1953, two are in private practice and twenty three practise in hospitals. Those in private practice attend confinements only as maternity nurses. The non-medical supervisor of midwives visits privately practising midwives in the patients' homes as frequently as considered necessary.

Midwives co-operate with general practitioners undertaking maternity medical services by informing the practitioners in writing of cases booked by the midwives. The practitioners are requested to indicate if the patients are suitable for gas and air analgesia and if they desire to be called at the onset of labour. Midwives also encourage the patients to attend general practitioners for ante-natal and post-natal examinations.

Midwives undertake ante-natal supervision of women booked by them at the Authority's ante-natal clinics (see 5 above) and exceptionally, if women cannot attend the clinic, the midwives make ante-natal examinations in the women's homes.

The selection of women whose confinement in hospital is recommended on social grounds, as suggested in Circular H.M.C. (51) 68, is undertaken by health visitors (see 2 above). When it is considered necessary to recommend expectant mothers, who attend the ante-natal clinics, for admission to the Maternity Hospital for ante-natal care or for confinements, on either medical or social grounds, this is done through the patients' medical practitioners or by the consent of the practitioners.

In 1952, the Authority resolved to send two midwives each year to an approved refresher course. This is now being carried out.

The Authority has no arrangements for training pupil midwives. The Bank Hall Maternity Hospital is approved by the Central Midwives Board as a training school for the first period of midwifery training.

7. HEALTH VISITING.

Eleven Health Visitors are employed by the Authority. Of these, six are employed mainly on infant and child welfare domiciliary visiting and duties at infant welfare centres, but also undertake visits for special purposes (see table below) and visits to aged, sick and infirm; one is employed on tuberculosis visiting and attendance at the Chest Clinic; four are employed in the school health service. There is inter-change of the health visitors employed in these sections to relieve during holidays and during absence on account of sickness. Owing to the inadequate number of health visitors it has not been possible to arrange for each health visitor to undertake combined duties. The case load of each health visitor has been unduly high for many years. Following representations made by the Ministry of Health in June 1952, the Authority resolved to increase the establishment of health visitors by four, as from the commencement of the financial year 1953-54. Experience in recent years in efforts to obtain health visitors would indicate that difficulty may be experienced in recruiting this additional number.

If and when this increased establishment is recruited, it is proposed to re-arrange the work so that each health visitor will undertake combined duties, including the care of mothers and young children, school health service, supervision of sick, aged and infirm etc.

Since April 1949, two student health visitors have been employed at any one time. They are paid a salary equivalent to the first year of the school nurses' grade while employed locally, and 75% of the first year of the health visitors' grade when undergoing training at an approved training school. They are required to accept employment with the Authority for a period of at least two years after gaining the health visitor's certificate.

In 1952, the Authority resolved to send two health visitors each year to an approved refresher course. This is now being carried out.

Approximately 76% of the domiciliary visits of the six health visitors engaged on the care of mothers and young children are routine visits to children under five years of age, about 12% are special visits to young children suffering from infectious and other ailments, to ante-natal and lying-in cases etc; about 2.5% are to elderly sick and infirm and to persons requiring convalescent treatment, and 7.5% were ineffective visits. Although relatively few of the visits are to elderly sick and infirm persons, these require a high proportion of the

health visitors time. It is estimated that nearly thirty minutes are taken up in each visit to old people.

Whereas the health visitor should now be looked upon as an all-purpose visitor, to help and advise households where illness or other domestic difficulties which may affect the health of the family, arise, it is found that little call is made on the health visitor for this wider purpose. The Almoner attached to the local hospitals refers cases for whom she considers domiciliary assistance by a health visitor is desirable, but as there is only one almoner for the group of hospitals comprising in toto over 1,100 beds, it is obvious that she can only ascertain a relatively small number suitable for reference. The hospitals administrative staffs now notify the Health Department of admissions and discharges of children, and of all cases of burns and scalds (and this has only recently become fully effective). Owing to the great demand for accommodation in the wards for chronic sick patients in the General Hospital, the health visitors investigate and report to the hospital bed bureau on the home circumstances and social conditions of elderly chronic sick and infirm persons on the waiting list for admission, and suggest priority. The Health Department is also notified of the pending discharge from hospital of elderly people who live alone, so that arrangements can be made for their homes to be prepared, fires lit and assistance from neighbours or home helps to be available. Where necessary, health visitors or the Home Help Organiser interview elderly people in hospital. Requests from general practitioners for the services of health visitors are few. Most requests come from relatives, neighbours or voluntary organisations.

Work of Health Visitors (apart from School Health Service).

Year :-	1948	1949	1950	1951	1952
No. of Live Births :-	1467	1384	1347	1254	1173
Visits to newly born infants ...	1507	1409	1288	1238	1149
Re-visits - 1st year	5253	4771	3916	3536	3610
" 2nd year	2914	3105	1932	1509	1495
" 3rd year	2230	2708	1920	1361	1623
" 4th year	1762	1792	1488	1097	1313
" 5th year	1845	1779	1414	1488	2053
Visits in connection with infectious diseases of children	536	180	157	40	226
Visits re Still Births	48	36	12	22	20
Visits to midwives	45	40	42	27	50
Ante-natal, post-natal and lying-in patients - enquiries .	1237	1347	1062	537	1524
Visits to sick, aged, infirm:) *				202	330
re Convalescent treatment,)	1316	199	223	113	235
children nursed out, etc)					
Venereal diseases, follow-up visits	193	111	186	6	-
Visits - Notifications under Tuberculosis Regulations	113	80	87	82	82
Tuberculosis After-Care visits .	2790	2600	2966	2073	2509
Ineffective visits	2229	2271	1412	1144	1106
Attendances by Health Visitors					
(a) at Infant Welfare Centres .	498	646	617	718	720
(b) at Chest Clinic	197	195	246	301	303
Attendances at Nursery Schools or classes	164	162	70	40	96

* Includes visits to boarded out children and "Child Life Protection" cases now undertaken by the Children's Department.

8. HOME NURSING.

In 1948 the Burnley and District Nursing Association discontinued the provision of a home nursing service for Burnley, and the Authority assumed direct responsibility for the provision of the service. On the appointed day under the National Health Service Act, 1946, the nursing staff was taken into the employment of the Authority and the District Nurses Home and its furnishings were purchased by the Authority. Only the Superintendent and the Assistant Superintendent reside

in the Nurses' Home, the other nursing staff being resident in their own homes in Burnley. The Nurses's Home is the administrative centre for the Home Nursing Service, where the clerical work is undertaken and nursing equipment is stored.

The Nurses' Home is also the centre in which nursing equipment and apparatus required for the use of persons being nursed in their own homes, is stored, and from which they are provided on loan under Section 28 of the National Health Service Act, 1946.

The second floor of the Nurses' Home, which consists of bedrooms and which is not at present required for the Home Nursing Service, was rented to the Burnley Hospital Management Committee in 1949, for the accommodation of nurses from the adjoining Maternity Hospital.

It has been found impossible to obtain nurses to reside in the Home, and as many of the nurses are married and have their own homes in Burnley, and some give part-time service only, difficulty continues to be experienced in maintaining a rota for emergency evening duty. No night service is provided.

Co-operation with general practitioners has been good, and they have frequently expressed appreciation of the standard of home nursing provided. 88% of the new cases nursed in 1952 were at the request of practitioners. It will be seen from the classification of the cases attended (vide infra) that a wide variety of diseases are nursed, but a large proportion of these are of chronic type or incurable, and it would appear that more use of the nurses could be made by practitioners for the nursing of acute illnesses. Few requests are received direct from hospitals for the nursing of patients after discharge from hospitals, this being left for the general practitioners to arrange. I have suggested elsewhere in this report (see 2 above) that it would appear that some patients who attend the out-patient's department for dressings, could be attended to by the home nursing staff.

No arrangements exist for district nurse training.

In 1952, the Authority resolved to send two district nurses each year to an approved refresher course. This is now being carried out.

The staff at the end of 1952 was :- 1 Superintendent; 1 Assistant Superintendent; 9 whole-time nurses (including 1 male nurse); 6 part-time nurses. Four of these hold the Queen's Institute Certificate in Home Nursing.

Statistics of Home Nursing Service.

Year :-	1948	1949	1950	1951	1952
No. of patients being nursed at the end of the previous year	187	194	222	286	258
No. of new patients during year	1056	1324	1265	1244	1308
Total number of patients nursed	1245	1518	1487	1530	1566
No. discharged or died	1051	1296	1201	1272	1260
No. remaining on books at end of year	194	222	286	258	306
<u>Method of discharge.</u>					
No. of patients convalescent ..	622	782	655	717	761
No. died	217	272	279	311	278
No. removed to hospital	160	192	187	187	182
No. removed from books for other reasons	52	50	80	57	39
Total No. of visits made during the year	39912	44744	45760	46678	44627
Included in the new cases are:-					
(a) Children under 5 years of age	Not available		38	46	41
(b) Children aged 5-14 years..	Not available		18	11	19
<u>Classification of New Cases :-</u>					
			1950	1951	1952
Infective and parasitic diseases			14	20	28
Pulmonary Tuberculosis			11	8	47
Non-Pulmonary Tuberculosis			10	3	7
Neoplasms			85	87	69
Allergic, endocrine, metabolic and nutritional diseases			30	25	34
Diseases of the blood and blood forming organs.			30	32	30
Mental, psychoneurotic diseases			1	1	3
Diseases of the nervous system and sense organs			125	146	145
Diseases of Circulatory System			108	152	185
Diseases of respiratory system (other than pneumonia)			95	80	72
Pneumonia			35	46	64
Diseases of the digestive system			37	8	10

Classification of New Cases (continued):-	1950	1951	1952
Diseases of the genito-urinary system	36	22	20
Complications of pregnancy and the puerperium	10	25	19
Diseases of the skin and cellular tissue	73	66	79
Diseases of the bones and joints	38	26	28
Diseases of early infancy	22	18	16
Senility and other conditions of old people .	82	91	78
Accidents, poisoning and violence	57	51	34
Gynaecological diseases (other than genito-urinary)	102	48	55
Enema (prior to x-ray examination)	79	80	99
Enema (constipation etc)	116	131	103
Various post-operative conditions	69	78	83
Total new cases	1265	1244	1308
The new cases were referred by:-			
General practitioners	1139	1123	1157
Hospitals	23	7	4
Public Health Department staff	36	30	50
Applications by relatives	67	84	97
Note - The above classification is not available for 1948 and 1949.			

9. VACCINATION AND IMMUNISATION.

Vaccination against smallpox, and immunisation against diphtheria are provided free of charge at -

- (a) a weekly clinic held in the Elizabeth Street premises.
- (b) each of the infant welfare sessions.
- (c) from the general medical practitioners practising in the Borough.

Efforts to secure vaccination and immunisation of the child population is sustained by -

- (a) a communication by post to parents of infants when the latter are four months old, advising vaccination and giving information as to how it may be obtained.
- (b) a similar communication (i.e. birthday card) to parents of infants, when the latter are twelve months old, and provided they have not been immunised previously, advising immunisation against diphtheria and enclosing a 'consent' form.
- (c) issue of pamphlets to parents at clinics and by health visitors during domiciliary visits.

- (d) short talks by Health Visitors at infant clinics and during domiciliary visits.
- (e) display of posters at infant welfare centres.
- (f) periodical short articles and advertisements on immunisation in the local press. Stress is laid on the importance of immunisation when infants are eight months old.

"Boosting" injections of diphtheria prophylactic are given at the weekly clinic held in the Elizabeth Street premises, and much of the propaganda for this purpose is sustained through the school health service, by personal contact of assistant medical officers and health visitors with parents during routine medical inspection in nursery, infant and junior schools, and in the school health clinics.

Despite sustained effort, the absence of diphtheria from the Borough for nearly three and a half years has given parents a false sense of security, and consequently, despite talks by the staff, they become less conscious of the necessity of having their children immunised.

During the last two decades the infants vaccinated each year in Burnley have been from 23% to 25% of the annual number of births, but since the National Health Service Act put smallpox vaccination on a voluntary basis, the percentage has fallen to about 12%. The increase in vaccinations in 1952 is accounted for by vaccination of families who were in contact with one of the smallpox cases in the Rochdale outbreak in 1952.

No general arrangements are made for immunisation against whooping-cough in the Authority's clinics. Only occasionally is whooping-cough prophylactic given to selected cases.

Summary of Vaccinations - 5th July 1948 to 31st December 1952.

Primary Vaccinations.							Re-Vaccinations.						
Date	Ages at 31st December.					Unsuccessful.	Ages at 31st December.					Unsuccessful.	
	Under 1 yr.	1-4 yrs	5-14 yrs	15 & over	Total		Under 1 yr.	1-4 yrs	5-14 yrs	15 & over	Total		
5th July to 31st Dec 1948													
	77	7	4	13	101	6	-	1	1	26	28	4	
1949	112	118	5	25	260	8	-	-	1	23	24	6	
1950	146	152	40	59	397	54	-	1	6	86	93	20	
1951	157	133	16	53	359	14	-	2	4	107	113	6	
1952	280	79	41	183	583	68	-	5	19	272	296	32	

Summary of Immunisations against Diphtheria ... 1948-1952.

Year.	Children 0-5 yrs.	Children 5-15 yrs	Adults	Total	Reinforcing injections.
1948	1308	101	1	1410	81
1949	1039	51	-	1090	91
1950	782	40	2	824	90
1951	788	27	3	818	66
1952	968	48	1	1017	236

The percentage of children under five years of age who are protected against diphtheria does not yet exceed 50%, and those between 5 and 15 years of age only slightly exceed 75%.

10. AMBULANCE SERVICE.

The following statistics show the trend of the demand for the use of ambulances during the last four years. The figures for calls received or journeys made in 1949 and 1950 are not comparable with the journeys made in the two subsequent years, as a "journey" was not defined until 1951. It is to be noted that although in 1952, the total number of patients carried and the total mileage have shown a considerable increase, the mileage per patient carried was 5.7 in 1952 and 1951 as compared with 6.6 in 1950 and 7.5 in 1949. Economy is being effected by carrying wherever possible, more than one patient at a time in one ambulance, and especially in transporting out-patients between their homes and hospital, for out-patient treatment.

It is difficult to ensure that no abuses in the use of ambulances occur, but good co-operation which now exists between the administrative staffs of the local hospitals and the ambulance personnel has done much to reduce them. The staff of the bed bureau are conscientious in enquiring into the necessity for ambulance transport for hospital admissions and discharges, and periodic review of written authorisations by hospital out-patient staff avoid the use of ambulances or sitting-case car for out-patients after the latter become sufficiently recovered to travel by public transport.

Inconvenience is caused from time to time by ambulances being held up at hospitals for lengthy periods. This applies more particularly to Manchester hospitals where frequently, patients attending for out-patient examination, are kept waiting

lengthy periods and the return journey of the ambulance which has brought them is delayed. At one large mental hospital about 20 miles distant it is not unusual for the ambulance, which has to bring the mental health authorised officer or other attendant back to Burnley, to have to wait more than an hour before a hospital doctor appears to examine and accept the patient.

The fleet consists of seven ambulances and one sitting-case car. Six of these have been purchased since the appointed day. Two of the vehicles, which are 11 and 8 years old respectively are worn out and spare parts cannot easily be obtained for them. One sitting-case car is authorised to be purchased during 1953/54. All ambulances are fitted with easy-loading wheeled stretchers, carrying-chairs and carrying-sheets, oxygen, first aid equipment, etc. Special fittings are kept in the Ambulance Station, which can be fixed to a stretcher to enable blood transfusion to be continued while a patient is being transported to hospital.

One ambulance officer and twenty driver-attendants are employed.

Summary of work done by Ambulance Service, 1949 - 1952.

Year	Calls received.				Patients carried.				Mileage.		
	Emerg -ency	I.D's	Others	Total	Emerg -ency	I.D's	Others	Total	Ambulance	Car	Total
1949	907	409	9054	10370	906	419	10813	12138	89596	1828	91424

Year	Journeys made.				Patients carried.				Mileage.		
	Emerg -ency	I.D's	Others	Total	Emerg -ency	I.D's	Others	Total	Ambulance	Car	Total
1950	1002	290	10009	11301	977	303	13628	14908	86214	12219	98433

Year	Abortive and Service journeys	Gas & Air, Blood, Nurses etc journeys.	Accident or Emergency.		Others.		I.D's.		Grand Totals.		Mileage.		
			Journeys.	Patients carried.	Journeys.	Patients carried	Journeys.	Patients carried.	Journeys.	Patients carried.	Ambulance	Car	Total
1951	182	804	1095	1125	4123	15302	207	248	6447	17112	74738	23107	97845
1952	349	852	1089	1153	4707	17464	189	208	7186	18825	83275	24723	107998

11. PREVENTION, CARE AND AFTER-CARE.

The care and after-care of tuberculous persons and prevention of tuberculosis is undertaken in close collaboration with the Assistant Chest Physician. The Authority pays to the Regional Hospital Board 3/22nds of the salary of the Assistant Chest Physician for the services which he undertakes in this respect for the Authority. One Health Visitor is employed whole-time on tuberculosis care and after-care. In addition to her domiciliary visiting duties, she attends and assists at all sessions held in the Chest Clinic. She accompanies the Assistant Chest Physician when he makes after-care visits to homes of tuberculous persons. The Assistant Chest Physician recommends to the Medical Officer of Health patients who require extra nourishment, such as milk, cod liver oil and malt etc. The Authority provides sputum cups, paper handkerchiefs and disinfectants, which are issued from the Chest Clinic. Co-operation between the Assistant Chest Physician and the Medical Officer of Health enables special consideration to be given to the housing needs of families which require better accommodation, to ensure that tuberculous cases or contacts have bedrooms to themselves, and as Council houses are allocated on a points system, an additional point or other special consideration is given by the Housing Committee on recommendations made by the Medical Officer of Health.

The Authority's health visitor visits and advises tuberculous patients on first notification, supervises those on domiciliary treatment, follows up all patients after discharge from sanatoria or other hospitals and arranges for examination of contacts.

Cases for re-habilitation are recommended by the Assistant Chest Physician to the Medical Officer of Health. Since July 1948 only two male patients have been admitted to re-habilitation centres at the cost of the Authority. Bedding and nursing requisites are loaned when necessary to tuberculous households. Tuberculous persons have been assisted to find suitable employment and the Assistant Chest Physician consults with the Re-habilitation Officer of the Ministry of Labour Employment Office regarding suitable work in the local Remploy factory.

B.C.G. vaccination is undertaken at the Chest Clinic. It has not been possible to provide accommodation in a hostel for segregation of contacts prior to and after vaccination, but generally satisfactory domestic arrangements have been effected. The number of contacts vaccinated with B.C.G. are :-

1950 13.

1951 43.

1952 64.

Illness Generally. The supervision and care of the sick and elderly persons by health visitors and home nurses are referred to in Sections 7 and 8 (above) of this Report. Nursing requisites are loaned out on a small weekly fee of 3d or 6d, according to the type of article, to assist in the nursing care of persons ill in their own homes. These requisites are issued from the District Nurses Home. The greatest demand is for macintosh sheets, bed-pans and urinals, air rings and air beds, bed cradles and wheel-chairs. The numbers of articles loaned in the years 1948 to 1952 are :-

<u>July to December 1948</u>	64.	<u>1949</u>	316.
<u>1950</u>	661.	<u>1951</u>	772.
		<u>1952</u>	642.

Close co-operation between the health visitors, home nurses and the Domestic Help Organiser enables domestic help to be provided for persons ill in their own homes or convalescing from illness, and the provision of meals.

Arrangements are made for convalescent care in Convalescent Homes for persons who require it, provided medical and nursing care is not necessary during the period of convalescent treatment. General medical practitioners and the hospitals almoner are co-operating well in referring cases. All applications are investigated by health visitors. Children requiring convalescent care are generally referred by the Authority's medical staff.

The numbers sent to Convalescent Homes were :-

Year	Adult Males	Adult Females	Children	Total	Total patient weeks
1948	-	1	113	114	229
1949	14	42	130	186	386
1950	18	47	151	216	415
1951	17	46	136	199	427
1952	16	42	152	210	427

The Convalescent Homes were mainly on the Lancashire coast and Cheshire. Mothers who required training in home-craft during their period of recuperative care were sent to "Brentwood" to which they were able to take their young children. Children were in the main sent to the Thursby Convalescent Home, St. Annes-on-Sea, which is exclusively for children from Burnley and its surrounding district, and is open from April to September. Very few patients accept convalescent home treatment between November and March.

An After-Care Sub-Committee of the Health Committee meets monthly, immediately before the Health Committee to consider matters in relation to after-care, and particularly convalescent treatment and domestic help.

12. DOMESTIC HELP.

The service is administered from the Health Department. At the end of 1952, one organiser and 44 whole-time and 2 part-time helps were employed. The approved establishment of helps is 60 but at no time has this number been employed, partly owing to the difficulty of recruiting sufficient women of the right type, and partly because the demands on the service do not generally require more than 45 to 50 helps.

So far as possible, each help is allocated to households in the district in which the help resides, so as to minimise the time spent in going from one house to another. Travel by bus when on duty is paid for and overalls are provided by the Authority.

There are no facilities for training domestic helps.

The organiser supervises the helps and allocates their work, investigates the needs and circumstances of applicants for assistance and recruits the personnel.

The helps are employed from 8.30.a.m. to 4.30.p.m. Mondays to Fridays, and from 8.30.a.m. to 12 noon on Saturdays. No Sunday or night service is provided. The helps are required to keep the houses to which they are sent, in a clean and orderly condition, do necessary cooking, see that children are properly cared for in the event of illness of their mother, do washing of personal garments, bed sheets and pillow cases of the household for the week in which she is in attendance. In maternity cases this includes any linen soiled during the confinement. The help must not undertake the duties of a nurse or midwife.

Help is provided for the following types of cases :-

- (a) Maternity cases where there is no relative or friend to look after the expectant mother for two weeks following her confinement.
- (b) Where the housewife is ill and unable to look after her house and children.
- (c) Where the housewife is suddenly called away and there is no relative or friend available to look after her house and children.
- (d) Where several members of the family are ill at the same time.

- (e) Where there are elderly sick or infirm persons and no relative or friend is available to look after the house and cook the meals.

During 1952, approximately 83% of the persons assisted were chronic sick, aged and infirm; 10% were persons suffering from other illnesses and 7% were maternity cases. Elderly people generally require assistance for long periods, but, as many of them live alone and occupy small houses or only one or two rooms, the help given to one such person may be only one or two half days each week, and one help may have several old people under her care.

Owing to the high proportion of aged persons assisted, many of whom are old age pensioners, the income received, based on a scale of assessment, is small compared with the total expenditure on the service. In the year ended 31st March 1951 the expenditure was £9,498. 16. 9d and the income £829. 10. 2d.

Close co-operation is maintained with the other sections of the Authority's health and social services, the National Assistance Board officers, the Hospitals' Almoner, and voluntary agencies, especially the voluntary committee which administers a "Meals on Wheels" service for sick and infirm persons.

The cases attended since the inception of the service are :-

Total cases attended.

Type of case.	1948		1949		1950		1951		1952	
	No.	%	No.	%	No.	%	No.	%	No.	%
Maternity			14	4	66	14.8	31	7.6	31	7.2
Tuberculosis ...			-	-	1	0.2	3	0.7	5	1.1
Illness of housewife	Information not available		147	42	58	13.0	39	9.6	39	9.0
Chronic sick ...			(190	54	322	72.0	66	16.2	92	21.2
Aged and Infirm.							268	65.9	267	61.5
Total	140		351		447		407		434	
Visits to homes by Organiser ..	586		1017		1140		1164		1149	

13. HEALTH EDUCATION.

Health education is undertaken in the following ways:-

- (a) Health talks are given by members of the staff to voluntary organisations.
- (b) Talks to small groups of mothers at infant welfare centres and ante-natal clinics. These talks are, where appropriate illustrated by film strips.
- (c) The book entitled "To Mothers and Fathers" published by the National Association for Maternity and Child Welfare, is given to all expectant mothers.
- (d) Five hoardings in different parts of the town are maintained solely for health education posters, which are supplied by the Central Council for Health Education, and changed monthly.
- (e) A portable display set, supplied by the Central Council for Health Education is shown in the foyers of cinemas, several factory canteens etc - the subject matter being changed every two months.
- (f) Pamphlets published by the Central Council for Health Education and other organisations are distributed from clinics, public libraries, council offices, etc., and by the health visitors during domiciliary visitation.
- (g) The Burnley and District Smoke Abatement Advisory Committee, on which are represented the Health Authority, the Technical College and the Coal, Gas and Electricity Boards, undertake propaganda for abatement of the smoke nuisance, and for the use of smokeless fuels, and co-operate with the Education Authority in arranging instruction courses for stokers, and have arranged public lectures illustrated where appropriate by films.

The prevention of accidents in the home is frequently the subject of talks given to mothers at infant welfare centres. All admissions and discharges of persons suffering from burns and scalds are notified by the hospitals to the Medical Officer of Health, and each case is investigated by health visitors and advice given on safeguards against recurrence. Stress has recently been laid on the importance of cleanliness in preparing and handling food stuffs. The local press generally give space for advice to the public on precautions during epidemics.

14. MENTAL HEALTH.

Administration.

- (a) A Mental Health Sub-Committee of the Health Committee

meet monthly, immediately before the meetings of the full Committee.

- (b) The Medical Officer of Health is responsible for the general supervision of the services. A psychiatrist is not employed directly by the Authority, but close co-operation is maintained with the psychiatrist on the staff of the local hospitals (see under (c)).

The Authority's whole-time medical officers ascertain and certify mental defectives.

It was intended to employ a psychiatric social worker who would combine work under the Mental Health Service with that of a Child Guidance Clinic, but it has not as yet been possible to obtain one.

Two male and one female Duly Authorised Officers are employed whole-time to carry out statutory duties under the Lunacy and Mental Treatment Acts. They are also social workers under these Acts and the Mental Deficiency Acts. Their qualifications are :-

W. Phillips (male) - has had many years experience as a Relieving Officer; attended a course for mental health workers arranged by the National Association for Mental Health, in 1948.

A. Burke (female) - holds the Certificate of the Royal Medico-psychological Association and is a State Registered Mental Nurse; has had lengthy experience in institutional care of mental defectives; attended a course for mental health workers arranged by the National Association for Mental Health, in 1950.

R. Fell (male) - holds the Certificate of the Royal Medico-psychological Association and is a State Registered Mental Nurse and a State Registered Nurse (general nursing); has had lengthy experience in hospital nursing of lunacy; he is to attend a course for mental health workers arranged by the National Association for Mental Health early in 1953.

The Occupation Centre staff consists of a Supervisor, who is a certificated teacher; an Assistant Supervisor who

is an uncertificated teacher, and a Trainee. The trainee is at present of leave of absence while attending a course for Supervisors of Occupation Centres arranged by the National Association for Mental Health (September 1952 to May 1953).

- (c) There is no arrangement with the Regional Hospital Board for the joint use of officers in connection with the ascertainment and diagnosis of cases liable to be dealt with under the Lunacy and Mental Deficiency Acts, but close co-operation is maintained between the Authority's officers and the psychiatrist for the local hospitals. The mental health workers attend when necessary or desirable, the psychiatric out-patient clinic to confer with the psychiatrist and when necessary accompany patients to the out-patient clinic. The mental health officers supervise all patients on trial from Mental Hospitals or on licence from hospitals for Mental Defectives. Periodic reports are forwarded to the Medical Superintendents of the hospitals in respect of defectives on licence, and reports on home conditions are forwarded for the information of visiting magistrates.
- (d) No duties have been delegated to voluntary organisations.
- (e) Arrangements for training of staff - see (b) above.

Account of work undertaken in the Community. The mental health workers endeavour, by maintaining close contact with general practitioners, the staff of the hospital psychiatric clinic, and the hospitals almoner, to follow-up and assist persons showing evidence of incipient mental disorder, and particularly to help them if they have domestic or other social difficulties which may adversely affect their mental health. They have on occasions assisted such persons in obtaining more suitable employment. They also assist patients or their relatives when it is desirable to obtain voluntary or temporary treatment under the Mental Treatment Act 1930.

The mental health workers visit and endeavour to help patients discharged from mental hospitals when patients indicate that they desire such assistance, and here again they have frequently been able to improve domestic circumstances and to find suitable employment for some patients.

Special reports or investigations are made at the request of the psychiatrist.

Liaison is maintained with the staff of the School Health Service, and records are passed from the latter to the Mental

Health Service in respect of all children dealt with under Section 57 of the Education Act, 1944. Records of children who leave the Day Special School for Educationally Sub-normal Pupils on attaining school leaving age, and who are not dealt with under Section 57, are also passed so that voluntary supervision may be maintained, and so that case records may be available if it should be necessary to deal subsequently with such persons under the Mental Deficiency Acts. Liaison is also maintained with the Children's Officer for the purpose of investigation and ascertainment of young persons under the care of the Children's Department, who may be subject to be dealt with under the Mental Deficiency Acts. Similar liaison exists with the Probation Officers, School Welfare Officers and voluntary organisations. Investigations and medical examinations are undertaken when requested of persons appearing before the Courts under Section 8 of the Mental Deficiency Act, 1913. The mental welfare officers have been successful on a number of occasions in finding suitable employment for defectives on statutory or voluntary supervision or on licence from institutions.

At the end of 1952, no defectives were under Guardianship.

On the appointed day (5th July 1948), the administration of the Occupation Centre for Mental Defectives, which was previously administered by the Lancashire Mental Hospitals Board, became the responsibility of the Burnley Health Authority. It continued to occupy rented premises in Salem Church Hall, which were unsuitable for the purpose. Following the conversion of other premises in Gannow for use as a local authority clinic and Occupation Centre, the Centre was transferred to the Gannow Clinic premises in January 1953. Occupational training is provided for 38 defectives. The part used as an Occupation Centre has three rooms in which the defectives are classified according to age and degree of defect, and a staff room. A paved yard is provided for exercise and recreation. The training includes habit training, sense training, music and movement, training in simple domestic tasks, table manners, handicrafts such as rug making, fretwork, raffia work etc., and equipment for play and recreation is provided.

Of the 38 children on the roll, 20 are from Burnley Borough and the remainder from the adjoining areas of Lancashire and the West Riding of Yorkshire. Transport is provided to take the defectives to and from the Centre. The number of ascertained defectives in the Community does not at present justify the provision of an industrial centre or home teaching.

B. Lamont.



COUNTY BOROUGH OF BURNLEY.

Local Education Authority.

MEDICAL OFFICER'S
REPORT
1952

D. C. LAMONT, M.B., CH.B., D.P.H.
SCHOOL MEDICAL OFFICER.

THE EDUCATION COMMITTEE

FOR THE MUNICIPAL YEAR 1952-53

IS CONSTITUTED AS FOLLOWS:—

THE WORSHIPFUL THE MAYOR (Miss M. Gillespie, J.P.)
 *MRS. ALDERMAN M. A. BATTLE, J.P.
 MISS ALDERMAN A. PROCTOR.
 *ALDERMAN E. BRODRICK, J.P. (Vice-Chairman) (deceased, 1953).
 *ALDERMAN G. HALE, J.P. (Chairman).
 *ALDERMAN T. MAXFIELD, J.P.
 ALDERMAN E. SANDY.
 *MRS. COUNCILLOR A. HEAP, M.B.E.
 MISS COUNCILLOR A. M. NUTTALL.
 *MISS COUNCILLOR E. UTLEY.
 *COUNCILLOR G. BLACKSTON.
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 *COUNCILLOR W. B. PARKINSON.
 *COUNCILLOR W. ROBERTS.
 COUNCILLOR S. TAYLOR.

Co-opted Members:

THE RT. REV. THE BISHOP SUFFRAGAN OF BURNLEY.
 *THE VERY REV. CANON INGRAM, M.A.
 THE REV. F. J. BAYLISS, B.A., B.D.
 MISS D. N. CHEW, B.A., J.P.

*Member of the Special Schools and Services Sub-Committee.

INDEX.

	Page		Page
Artificial Sunlight Treatment	25	Meals and Milk	20
Attendances at Clinics	14	Medical Inspection	8-11
		Medical Treatment	14-18
Blind and Partially Sighted Children	21	Miscellaneous Information	31
Child Guidance	23-25	Nursery Schools and Classes	5
Clothing and Footgear	10	Nutrition	11
Convalescent Homes	20		
Co-operation of—		Open-Air School	26
Parents, School Attendance Officers,			
Teachers, Voluntary Bodies	20	Provision of Cod Liver Oil and Malt	20
Co-ordination	8	Provision of Meals	20
Deaf Children	21	Provision of Milk	20
Delicate Children	25	Physically Handicapped Children	26
Dental Inspection	18		
Diphtheria Immunisation	13	Sanitary Supervision of Schools	8
Epileptics	23	School Baths	20
		School Camp	20
Facts Disclosed by Medical Inspection	9	School Clinics	6-14
Following up	12	School Journeys	20
Foot Inspection: Footwear	26-30	School Population	5
Handicapped Pupils	21-26	Special Schools	6
Blind and Partially Sighted	21	Speech Defects	25
Deaf	21	Staff	7
Delicate	25	Statistical Tables (Appendix)	32
Educationally Sub-Normal	21		
Epileptics	23	Treatment of Defects—	
Maladjusted	23	Dental Diseases	18-20
Physically Defective	26	Eye and Visual Defects	16
Speech Defects	25	Ear, Nose and Throat	16
Height and Weight	11	Minor Ailments	15
Hygiene in Schools	9	Orthoptic	17
		Orthopædic	18
Infectious Diseases	13	Pre-School Children	16
Inspection Clinic	11	Skin Diseases	15
		Speech Defects	25
"Light" Treatment	25	Uncleanliness	10

PUBLIC HEALTH DEPARTMENT,
BURNLEY.

15th July, 1953.

TO THE CHAIRMAN AND MEMBERS OF
THE EDUCATION COMMITTEE.

LADIES AND GENTLEMEN,

I have the honour to present to you my report on the work of the School Health Service for the year 1952.

The general state of health and physical well-being of school children during the year has been very satisfactory. Apart from an epidemic of measles, which, although widespread in the nursery and infant schools, was not severe, there were remarkably few serious illnesses.

More than a third of all the scholars were medically inspected in the schools and the total examined there and in the clinic was equivalent to 47% of all the scholars on the school rolls.

The gradual decline in the incidence of minor ailments, which has been observed over a period of years, is an indication of the steady improvement in general physique and nutritional condition and improved home care.

The investigation of educationally subnormal and maladjusted children and those showing anti-social behaviour made considerable progress since the appointment in March, 1951 of Mrs. C. Rivett Educational Psychologist, and I should like to pay a tribute to the valuable work which she undertook and which is described elsewhere in this Report. Her resignation in May 1953, to take up another appointment is regretted.

Co-operation with general medical practitioners and the hospital service has been good, and free from any difficulties.

Staff shortages throughout the year caused curtailment of dental treatment, physiotherapy and speech therapy. Fortunately the temporary assistance of part-time dental surgeons prevented dental treatment from falling much in arrears, and the appointment in June of Mr. J. A. Pilling and Mr. K. Jackson to whole-time posts has enabled leeway to be quickly made up.

I wish to record my appreciation of the interest and support which I have received from you, and of the helpful co-operation of the Director of Education and his staff. The interest in, and assistance given to, the School Health Service by the teaching staffs are gratefully acknowledged. The staff of the service have worked loyally.

I am, Ladies and Gentlemen,

Your obedient Servant,

D. C. LAMONT,

School Medical Officer.

General Information.

SCHOOLS.

In December, 1952, the total number of pupils enrolled in the Schools was 531 more than that in December, 1951.

At the end of 1952, the numbers of children on the rolls were as follows:—
Nurseries, 693 ; Infants' Departments, 3,877 ; Junior Departments, 4,184 ;
St. Mary's R.C. Senior School, 507 ; Modern Secondary and Technical High
Schools, 2,385 ; Academic Secondary Schools, 912 ; Special Schools, 178 ;
Total=12,736. The numbers in the Schools are:—

No. on Roll at 31st December, 1952.

Primary Schools.			Nursery Classes		Infants' Dept.		Junior Dept.	
Barden	....	....	—	....	197	....	203	
Burnley Wood	....	....	—	....	184	....	—
Lionel Street	....	....	—	....	291	....	423	
Stoneyholme	....	....	29	....	237	....	287	
Rosegrove	....	....	—	....	162	....	193	
Hargher Clough	....	....	—	....	212	....	309	
Habergham	....	....	—	....	93	....	70	
Heasandford	....	....	—	....	268	....	316	
Coal Clough	....	....	37	....	245	....	—
Todmorden Road	....	....	71	....	305	....	412	
Whittlefield	....	....	22	....	120	....	—
Rosehill	....	....	—	....	193	....	248	
Healey Wood	....	....	—	....	69	....	108	
St. Peter's	....	....	—	....	67	....	116	
Pickup Croft	....	....	30	....	36	....	—
Holy Trinity	....	....	27	....	114	....	211	
St. Stephen's	....	....	—	....	132	....	266	
St. Andrew's	....	....	—	....	133	....	153	
Wood Top	....	....	—	....	86	....	54	
Lane Head	....	....	—	....	87	....	78	
Back Lane	....	....	—	....	69	....	83	

Nursery Schools.						No. on Roll	
Accrington Road Nursery School	....	....	....	....	....	80	
Habergham Nursery School	....	....	....	....	....	35	
Rockwood Nursery School	....	....	....	....	....	41	
Rosehill Nursery School	....	....	....	....	....	40	
Myrtle Bank Nursery School	....	....	....	....	....	40	
Lionel Street Nursery School	....	....	....	....	....	40	
Elm Street Nursery School	....	....	....	....	....	40	
Howard Street Nursery School	....	....	....	....	....	41	
Rosegrove Nursery School	....	....	....	....	....	40	
Barden Lane Nursery School	....	....	....	....	....	42	

Modern Secondary Schools.					No. on Roll
Barden Boys' Modern Secondary	....	....	....	....	434
Burnley Wood Girls' Modern Secondary	....	....	....	....	409
Rosegrove Boys' Modern Secondary	....	....	....	....	448
Coal Clough Girls' Modern Secondary	....	....	....	....	380

Technical High School.					No. on Roll
Heasandford Girls' Technical High School	....	....	....	....	361
Towneley Boys' Technical High School	....	....	....	....	363

Academic High Schools.					No. on Roll
Grammar School for Boys	....	....	....	....	461
High School for Girls	....	....	....	....	451

		Department.				
		Nursery Class	Infants	Junior	Senior Boys	Girls
St. Mary's R.C.	....	38	179	—	253	254
St. Thomas's R.C.	....	—	64	83	—	—
St. Mary Magdalene's R.C.	—	—	106	231	—	—
St. John's R.C.	....	—	108	267	—	—
St. Augustine's R.C.	....	—	56	73	—	—

Special Schools.

Coal Clough Special School for Educationally Sub-normal Children	....	62
Open Air School	....	116

SCHOOL CLINIC.

All the Clinics of the School Medical Service, with the exception of the centre for bathing of verminous children and those suffering from scabies are centralised in the Elizabeth Street premises.

The total number of attendances of school and pre-school children at the various clinics was 21,246, a decrease of 2,395 on the number for the previous year.

The School Clinic was open on 307 days.

CLINICS.

General Ailments—three sessions per week.
 Minor ailment treatment—daily.
 Ophthalmic—two sessions per week.
 Orthoptic Treatment—approximately six sessions each week.
 Ear, Nose and Throat—sessions as required.
 Orthopædic—two sessions per month.
 Orthopædic exercises, massage, etc.—daily (vide infra).
 Dental Inspection in Schools—from one to two sessions per week.
 Dental treatment—daily.
 Immunisation against diphtheria—one session per week.
 Artificial sunlight—two sessions per week (vide infra).
 Speech therapy—daily (vide infra).

The establishment allows for two orthoptists to be shared between Burnley and Lancashire authorities, to serve the eye clinics of Burnley and No. 6 Division of Lancashire. During 1952 one vacancy existed, so that the orthoptist working single-handed spent approximately six sessions treating Burnley children and the remainder County children.

As it was not possible to obtain the services of a physiotherapist since the previous holder of the appointment resigned in August 1951 until a part-time physiotherapist was appointed in April 1953, children were referred to the physiotherapy departments of the local hospitals and occasional assistance was obtained from a physiotherapist on the staff of Lancashire Education Authority. Similarly cases requiring artificial sunlight were referred to the General Hospital.

As it was not possible to obtain the services of a speech therapist since the previous holder of the appointment resigned in March 1951, until September 1952, no speech therapy was undertaken during the first eight months of the year.

Report.

STAFF OF THE SCHOOL HEALTH SERVICE.

Medical Officer of Health and School Medical Officer:—

D. C. LAMONT, M.B., Ch.B., D.P.H.

Assistant School Medical Officers:—

L. J. COLLINS, M.B., Ch.B., B.A.O., D.P.H.

E. P. WHITAKER, M.B., Ch.B., M.R.C.S., L.R.C.P.

Senior Dental Officers:—

HENRY A. BOLTON, L.D.S. (terminated 15/2/52).

J. A. PILLING, L.D.S. (commenced 5/6/52).

Assistant Dental Officer:—

K. JACKSON, L.D.S. (commenced 5/6/52).

Ophthalmic Specialists (part-time):—

K. R. BROWN, M.B., D.O.M.S., D.O.

C. M. GEDDIE, M.B., Ch.B. (commenced October, 1952).

Ear, Nose and Throat Specialist (part-time):—

T. S. STEWART, M.B., F.R.C.S.

Four Health Visitor-School Nurses ; *one Physiotherapist ; one Educational Psychologist ; one Orthoptist ; †one Speech Therapist ; four Clerks ; two Dental Clerk-Attendants.

*Position vacant for whole of the Year. †Position vacant for part of the year.

CO-ORDINATION WITH OTHER HEALTH SERVICES.

The specialist clinics for eye and ear, nose and throat defects are held in the school clinic premises, the specialists employed by the Manchester Regional Hospital Board in the Burnley Hospitals being also the officers who attend these clinics. Cases requiring hospital treatment are admitted to Burnley hospitals, where they receive treatment from the same specialists.

Ear, nose and throat and eye cases were admitted to hospital without any appreciable delay.

The School Health Service is closely co-ordinated with the services for the care of young children, vaccination and immunisation and prevention of illness and after-care, administered in accordance with Sections 22, 26 and 28 of the National Health Service Act, 1946. The two assistant medical officers who undertake the clinical duties in connection with medical inspection and clinic treatment of school children are also employed in the service for the care of infants and young children, and conduct infant welfare, immunisation and vaccination clinics. All the clinics and forms of treatment, including specialist clinics, are equally available for children attending schools and nurseries and for children referred from infant welfare centres.

The Thursby Convalescent Home, Lytham-St. Annes, which is administered by a voluntary Committee, received 145 Burnley school children for periods of two to three weeks of convalescence between April and September. The selection of children is the responsibility of the Assistant School Medical Officers.

Information regarding the suitability of school leavers for different forms of employment is passed from the School Health Department to the Juvenile Employment Bureau of the Ministry of Labour.

School Hygiene and Sanitary Accommodation.

The urinals and water closets in most of the schools are modern in type and generally maintained in a satisfactory condition. In three schools, however, antiquated trough closets, which are most unhygienic and from which objectionable smells arise, still exist. The contract for the modernisation of the lavatories of one of these schools, St. Augustine's, has now been let and the work will commence at an early date. It is expected that similar work will be undertaken at Holy Trinity School during the next few months. The modernisation of the conveniences in St. Stephen's Infants' School is planned to be undertaken during 1954.

The Sanitary Inspectors make periodic inspections of the urinals and water closets in all Schools to ensure that they are maintained in a clean condition.

MEDICAL INSPECTIONS IN SCHOOLS.

The total number of pupils inspected in the Schools was 4,483, which is 35% of the total on the rolls. In addition, inspections for special purposes or re-inspections of pupils suffering from defects or diseases amounted to 6,660, so that altogether, 11,143 examinations were made.

The following table gives details of the ages of the children submitted to routine inspection:—

ENTRANTS									SECOND AGE GROUP					THIRD AGE GROUP							Other Periodic Inspec'ns
2	3	4	5	6	7	8	9	Total	10	11	12	13	Total	14	15	16	17	18	19	Total	
40	110	226	432	129	30	32	45	1044	416	62	17	19	514	378	20	29	—	—	—	427	265
50	90	197	420	109	38	29	37	970	436	66	26	20	548	388	58	54	3	7	—	510	205
90	200	423	852	238	68	61	82	2014	852	128	43	39	1062	766	78	83	3	7	—	937	470

	Boys	Girls	Total
Total Routine Inspections	2250	2233	4483

Other Inspections:—

No. of Special Inspections and Re-inspections :—	Special inspections	Re- inspections	Total
At Schools	190	4248	4438
At School Clinic	1289	933	2222
	<u>1479</u>	<u>5181</u>	<u>6660</u>

Visit of Medical Officer.

The number of visits paid to the Schools were:—

For Routine Medical Inspection : 314

For " Following-up " Defects : 31

The 470 other periodic inspections shown above are in respect of children who were first inspected as " entrants " in the nursery classes and who are now between six and eight years of age. These additional inspections were made to bridge the gap of six or seven years before they are due to be inspected in the second age group, when they reach the age of 10 years.

In addition to 31 special visits to schools for the following-up of defects, the Medical Officers saw, at the completion of the routine inspections in each school, children who required supervision on account of defects found at a previous inspection.

The Nursery Schools and Nursery Classes. Three additional nursery Schools, at Howard Street, Rosegrove and Barden Lane, were opened during 1952. The ten nursery schools have 439 young children on the roll and the nursery classes in seven other schools have 254, making a total of 693 children under five years of age who receive nursery care. Frequent visits for supervision of these young children were made during the year, and 448 were given a full routine medical examination.

REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

The statistical tables will be found in the appendices.

The statistics of routine inspections show that of 4,483 pupils inspected in the various age groups, 421 were found to require treatment, apart from dental attention. In the entrant group the percentage of children with defects

is again considerably lower than that of recent years, being 9·6% as compared with 11% in 1951. In the second and third age groups the percentages are similar to those of the previous year. Of the total children inspected, 9·4% required treatment, as compared with 10·6% in 1951 and 12·9% in 1950.

Of the 421 found to require treatment, 117 had vision defects, mainly errors of refraction. This is 2·6% of the total inspected, whereas in 1951 2·8% were found to have defective vision. 269 children were examined by the eye specialist for the first time and 468 who had been under supervision in previous years were re-examined. 233 children were prescribed spectacles for the first time and 263 who had previously worn spectacles and whose vision showed changes were supplied with prescriptions for new spectacles through the authority's eye clinic. In addition, 106 children were prescribed spectacles otherwise than through the School Health Service. The children in the youngest age group again had fewer vision defects than the older pupils. One hundred and eighteen pupils were found to squint, and in 91 the divergence was considered to be sufficiently great as to necessitate reference to the specialist.

At both routine and special inspections 1,102 children were noted in whom nose and throat defects were present to a greater or lesser extent. The majority of these had enlarged or unhealthy conditions of tonsils and evidence of adenoids. Only 202 required to be referred to the specialist for further opinion or treatment.

Diseases of the heart and circulation showed a similar incidence to that of the previous year, being present in 1·3% of those inspected. This compares favourably with the average incidence of 2·8% during the quinquennium 1946-1950. Most of the heart conditions were functional; cases of severe organic disease following rheumatic fever or acute infections being now relatively rare.

In my reports of recent years I referred to the gradual improvement in health and physique which, judging by the number of ailments, both major and minor, found during routine periodic inspections, is steadily taking place. It is of interest to note that during the quinquennium 1948 to 1952, the average percentage of all children found to have defects was 10·9. Thirty years earlier, in the quinquennium 1928 to 1932, the average percentage of elementary school children with defects was 36·6 and of secondary school children 31·3. Thus twenty years ago the incidence of physical defects was more than three times greater than it is to-day.

Vermin Infestation. The Health Visitors made 133 surveys in schools, for general cleanliness and to detect vermin infestation. 44,110 inspections were made of individual pupils. 519 instances of infestation in respect of 471 pupils were found. The usual home visits were made and mothers were advised on appropriate measures to cleanse children's hair and prevent re-infestation.

The gradual diminution in the extent of vermin infestation over a long period of years is noteworthy. Whereas now only 519 instances of infestation were found in 44,110 inspections, in the year 1933, 1,505 instances of infestation were found in 33,753 inspections, and in 1925, as many as 2,183 in 7,070 inspections.

Clothing and Footgear. Again during 1952, as in previous years careful inspection was made by the Assistant Medical Officers of the clothing and footgear of school children to see if present-day conditions were causing children to be badly or insufficiently clad. An analysis of the findings in respect of 4,483 children shows that only four had defective clothing and seven had defective footwear.

	Clothing.			Footgear.	
	No. of	%		No. of	%
	Children.			Children	
Children classified as very good	3841	85.7	....	3695	82.4
Children classified as good	638	14.2	....	781	17.4
Children classified as defective	4	0.1	....	7	0.2
Children classified as very defective	—	—	....	—	—

The Physique of the School Child (as judged by weight and height).

The heights and weights of all children submitted to routine inspection are recorded, but in order to make comparison of the present heights and weights of children with that of previous years, only those measurements in respect of children at ages three, five, ten and fourteen years are used in the comparison. In previous reports I commented on the considerable increases in average heights and weights at these ages which have occurred over a long period of time. This progress was not in any way retarded during the war and post-war years. Deductions cannot be made from comparisons over short periods of only a few years, but broadly it may be said that the heights of children at these particular ages have not varied appreciably during the last three years, but there is a slight reduction in the average weights of children at three, ten and fourteen year ages during 1952, as compared with the preceding few years. This is probably of no particular significance, as there is no evidence of any deterioration in the nutritional condition of the children.

AVERAGE HEIGHT AND WEIGHT OF PUPILS.

	Aged 3 Years		Aged 5 Years		Aged 10 Years		Aged 14 Years	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Number Inspected	110	90	432	420	416	436	378	388
Average Height in inches	38.3	38.5	43.4	42.8	53.4	53.0	61.5	61.0
Average Weight in pounds	34.6	35.3	44.0	41.5	68.7	67.1	97.7	100.3

General Nutritional Condition. The nutritional condition of children at all ages continues to be very satisfactory, and evidence of malnutrition is now very rare. Of 4,483 pupils, whose nutritional condition was noted, only 11 were considered to be in poor nutritional condition and six of these were in the youngest age group. Among the third age group of pupils aged 14 years and over none were found to be in a poor state of nutrition. Of all the pupils classified for this purpose 61.9% were considered to be in "good" condition, 37.8% in "fair" condition and 0.3% "poor." The comparative figures for 1951 were 53.2% "good," 46.3% "fair" and 0.5% "poor."

THE INSPECTION CLINIC.

During the year 1,289 children attended the Inspection Clinic, the total attendances being 2,222. 2,166 of the attendances were in respect of defects which did not require the exclusion of the children from school. Certificates of exclusion from school for varying periods were granted in respect of the remaining 56 attendances. In 31 instances, children granted certificates of exclusion were referred for treatment to their private doctors.

It is worthy of note that only three cases of ringworm and thirty-two of impetigo required to be treated at the clinic, and that during routine inspection of 4,483 children in schools, none was found to suffer from ringworm and only one case of scabies and two of impetigo were found.

The following is a summary of the defects found in school children attending the inspection clinic:—

	Requiring Treatment	Requiring Observation
Ringworm	3	—
Scabies	—	—
Impetigo	32	—
Other Skin Diseases	139	10
Eye Defects	379	51
Ear Defects	82	17
Nose and Throat Defects....	111	56
Speech Defects	23	9
Cervical Gland Enlargement	5	5
Heart and Circulation Defects	12	1
Lung Diseases	57	21
Development Defects	2	3
Orthopædic Defects	55	17
Nervous System Defects	6	7
Psychological Conditions	10	5
Other Conditions	263	13
Total	1179	215

Miscellaneous Examinations. In addition to the above, the following examinations were made at the Clinic:—

Examinations for fitness to go to Camp School	597
Examinations for fitness for Convalescent and Holiday Homes	152
Examinations prior to admission to Residential Schools and Approved Schools	8
Examinations of children to be boarded out (for Children's Department)....	57
Examinations for fitness for employment on leaving School	92
Examinations and reports for Juvenile Court	59
Miscellaneous Inspections by nurses	304

FOLLOWING UP.

Pupils with defects were followed up by the school nurses as in former years, to ensure that treatment was received where necessary and in order to give advice and guidance to parents and teachers regarding pupils who required supervision.

The following shows the amount of work done.

No. of visits by the Medical Officers to schools:—

For inspection (i.e. to follow up children with defects) 31

Follow up visits by the Nurses for

Dental Defects	41
Defective Vision	3692
Nose and Throat Defects	167
Other Defects....	2227
	6127

INFECTIOUS DISEASE.

Review of the action taken to detect and prevent the spread of Infectious Disease.

Certificates of exclusion from school and lists of houses in which infectious diseases occur continue to be sent daily to the Education Office.

Diphtheria has decreased spectacularly during the last eight years. The numbers of cases which occurred annually were:—

1945—183	1949— 9
1946— 71	1950— 1
1947— 28	1951— 0
1948— 14	1952— 1

Eighty-six cases of scarlet fever occurred in children of compulsory school age, an increase of eleven on the previous year. 963 cases of measles and german measles in children of school age (5–15 years) were approximately two-fifths of the total cases of measles in the town, the majority being in children under 5 years of age. Whooping cough, although not unduly prevalent at any one time, attacked 119 children of school age, this being an increase of 58 on the corresponding figure for 1951.

Twelve cases of pneumonia, both primary and influenzal, equalled those notified the previous year, and tuberculosis was diagnosed in 11 school children, as compared with 8 in 1951.

The notifiable diseases among children of compulsory school age (5–15 years) notified to the Medical Officer of Health were as follows:—

Disease	No. of Notifications	Deaths
Scarlet Fever	86	—
Whooping Cough	119	—
Diphtheria.....	—	—
Measles and German Measles	963	1
Primary and Influenzal Pneumonia	12	—
Meningococcal Infection	—	—
Dysentery.....	4	—
Respiratory Tuberculosis	6	—
Non-Respiratory Tuberculosis	5	—
Acute Poliomyelitis	2	—
Food Poisoning.....	—	—
Para-typhoid Fever	—	—

Immunisation against Diphtheria. In 1952, the number of children immunised against diphtheria under the local Health Authority's arrangements, both in the central clinic and by general practitioners, was 1017. It is estimated that at 31st December, 1952, the child population of the Borough consisted of 6,500 children under five years of age and 10,900 between five and fifteen years. Of these only 51.4% of the under fives and 73.8% of the five to fifteen year age group have been immunised against diphtheria. The pre-school group is 1.8% more than in 1951. In addition 236 children who were immunised in previous years were given re-inforcing injections.

In previous years, the percentage of children, both of pre-school and school age, who were immunised against diphtheria diminished slightly, but since immunisation was commenced in 1951 in the infant welfare centres, the numbers for 1952 show an increase of 199 over that for 1951.

The numbers dealt with during 1952 were:—

Immunisation Completed	Under 5 years	5—14 Years	Adults	Total	No. of Re-inforcement Injections (all ages)
At L.A. Clinic....	622	32	1	655	170
Other Sources....	346	16	—	362	66
Total	968	48	1	1017	236

The total attendances made at the Clinic for these injections were 1463.

MEDICAL TREATMENT.

No alterations have been made in the arrangements for treatment of school children at the clinics listed on page 8, but owing to lack of staff, physiotherapy and speech therapy had to be considerably curtailed. Co-operation with general medical practitioners continues to be very satisfactory and interchange of clinical notes and other information between the school medical officer's and general practitioners and hospitals medical staffs is fully maintained. The staffing by hospital Consultant staff of the ophthalmic, ear, nose and throat and orthopaedic clinics held in the Authority's premises ensures close co-operation with the local hospitals, when operative treatment is required, there being no delay in having cases referred for in-patient treatment.

The Burnley Health Authority's proposals under Section 22 of the National Health Service Act, 1946, which came into operation in July 1948, included the employment part-time of a consulting pædiatrician to whom young children requiring specialist opinion would be referred. It was not possible to obtain the services of a pædiatrician until June, 1953, when arrangements were made for him to hold monthly sessions in the Authority's clinic premises. School children for whom a specialist opinion is required are now also referred to the pædiatrician, with the consent of their medical practitioners.

The 21,246 attendances for all purposes at the Clinic are 2,395 less than in 1951.

Total Clinic Attendances (Pre-School and School Children).

	Minor Ailments	Ophthalmic	Dental	Inspection	Nose, Throat and Ear	Orthopaedic	Orthoptic	Miscellaneous	Speech Defects	Child Guidance	TOTAL
School Children	4,130	4,645	4,341	2,222	291	218	2,306	1,441	788	150	20,532
Pre-School Children	143	208	8	68	13	141	111	9	9	4	714

Minor Ailments—Attendances for treatment.

School Children.

Diseases	No. of Cases under treatment 1/1/52	Number of new Cases	Total No. of cases dealt with	No. of Attendances
SKIN:—				
Ringworm: Scalp	—	—	—	—
Body	1	3	4	25
Scabies	—	—	—	—
Impetigo	6	40	46	431
Other Skin Diseases	19	90	109	751
EYE:—				
Blepharitis	3	15	18	116
Conjunctivitis	—	5	5	12
Iritis	—	—	—	—
Keratitis	—	—	—	—
Corneal Ulcer	—	—	—	—
Other Eye Conditions	7	59	66	464
EAR:—				
Otitis Media ..	2	5	7	53
Other Ear Diseases ..	15	69	84	506
MISCELLANEOUS, e.g., Minor Injuries, Bruises, Sores, etc. .	24	247	271	1772
	77	533	610	4130

The last seven years have shown a very marked decrease in the number of minor ailments which required to be treated in the clinic. This is due to very much fewer diseases of the skin and of the eye-lids and surface of the eye (e.g. blepharitis and conjunctivitis) and diseases of the ear. These complaints are frequently associated with poor general physique, and the diminution in their numbers is evidence of the higher physical well-being of present day school children compared with that of the scholars of twenty or so years ago.

Year	Total number of Children on the School Rolls	No. who required minor ailment treatment	Percentage of total School population who required treatment
1943	9,510	1,292	13.5
1944	9,837	1,497	15.2
1945	10,388	1,220	11.7
1946	10,404	855	8.2
1947	10,757	759	7.0
1948	10,900	618	5.7
1949	11,599	496	4.3
1950	12,020	379	3.1
1951	12,205	478	3.9
1952	12,736	610	4.8

INTERNAL EYE DISEASES.

Classification of patients dealt with in 1952.

Defect	New	Old	Total
Hypermetropia	27	46	73
Hypermetropia plus Aphakia	—	—	—
Hypermetropic Astigmatism	58	103	161
Myopia	30	39	69
Myopic Astigmatism	24	42	66
Mixed Astigmatism	13	36	49
Anisometropia	2	3	5
STRABISMUS	—	—	—
plus Hypermetropia	17	59	76
„ Hypermetropic Astigmatism	41	103	144
„ Myopic Astigmatism	1	8	9
„ Mixed Astigmatism	2	12	14
„ Myopia	2	2	4
Not yet classified	46	15	61
Found to have normal vision	6	—	6
Totals	269	468	737

ORTHOPTIC TREATMENT.

The following table shows the number of children who attended for examination and treatment by the Orthoptist. All cases requiring orthoptic treatment are selected by the Ophthalmic Surgeon.

No. of Individual Children:—	School Children	Child Welfare Cases	Total
(a) Received treatment	59	—	59
(b) Under Supervision	465	41	506
	524	41	565

ATTENDANCES:—

(a) For Orthoptic Examination	85	—	85
(b) For Treatment	766	—	766
(c) For Inspection and Supervision	1455	111	1566
	2306	111	2417

RESULTS OF TREATMENT CASES:—

(a) Discharged—cured	20	—	20
(b) Discharged—improved	19	—	19
(c) Treatment suspended	8	—	8
(d) Ceased to attend	4	—	4
(e) Under treatment at end of year	8	—	8
	59	—	59

CHILDREN REFERRED FOR OPERATIVE TREATMENT	35
CHILDREN RECEIVED OPERATIVE TREATMENT	25

No. of sessions devoted to treatment or supervision	343
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THE ORTHOPAEDIC CLINIC.

Although the Orthopaedic Clinic continues to be held in the Authority's clinic premises, there is an increasing tendency, since the inception of the National Health Service, for children with crippling defects and diseases to be referred by medical practitioners directly to the Orthopaedic Out-patient Clinic in one of the local hospitals. Prior to the National Health Service there was no consultant in orthopaedics on the staff of the local hospitals and consequently practically all crippling defects in children were referred to the Authority's clinic. I am of opinion that despite the smaller numbers dealt with, the Authority's clinic should continue to be held, as it helps to lessen the burden on the hospital out-patient department, where cases have to wait several weeks for initial appointments, and enables the school medical officers to keep in close touch with these cases for purposes of after-care and determining the type of special education which they may require.

Many cases for whom a specialist opinion is not necessary, benefit from remedial exercises, artificial sunlight and other forms of physiotherapy, and post-operative tonsil and adenoid cases require breathing exercises. As it was not possible to obtain the services of a physiotherapist during 1952, these forms of treatment had to be severely curtailed. The assistance of a physiotherapist on the staff of Lancashire County Education Authority was available to a small extent and some cases were dealt with in the physiotherapy departments of the local hospitals. A physiotherapist for part-time duty, five sessions weekly, commenced in April, 1953.

In October, 1952, arrangements were made for fortnightly visits to the public swimming baths of school children suffering from paralysis (e.g. post-poliomyelitis cases, spastics, etc.) where they are given exercises in water, under the supervision of the Assistant Orthopaedic Surgeon and a nurse. They are supplied with safety "non-sinkable" bathing suits, which keep them afloat.

ORTHOPAEDIC CLINIC STATISTICS:—		School Children	Tuber- culosis	Child Welfare	Total
Sessions held by Orthopaedic Surgeon	....	—	—	—	21
New cases examined					
by Orthopaedic Surgeon	....	37	—	21	58
Old cases examined					
by Orthopaedic Surgeon	....	161	10	108	279
Total attendances at Orthopaedic Clinic	....	218	10	141	369
No. remaining on register at 31/12/52	....	150	6	77	233

Twenty-eight school children and 10 child welfare cases were supplied with surgical appliances, splints, etc., through the Hospital Service; sixty-two school children and 23 child welfare cases had wedges fitted to footwear.

Report on the work of the School Dental Department.

By Mr. J. A. Pilling, L.D.S.

At the beginning of 1952, the staff of the Dental Department consisted of one full-time and two part-time Dental Officers, the latter each being employed for one session a week. In February the full-time Dental Officer left and the work was carried on by the two part-time Officers, who between them devoted ten sessions each week to the work. This arrangement was continued until

June, when two full-time Dental Officers commenced duties. In an attempt to reduce the long waiting list and provide more time for the treatment of expectant and nursing mothers, a part-time officer continues to be employed for two sessions each week.

During 1952, nearly all the schools were visited, and the indications now are that all schools will be visited at least once each year and probably more often. It is hoped that this will reduce the attendances for casual treatment, which last year was similar in extent to that of previous years.

The acceptance rate for treatment was 62% which is an increase of 8% on that of 1951, and 49% of the children who were inspected were found to need treatment. This is a decrease of 8% on that of the previous year.

The general state of the teeth gives no cause for alarm, nor yet complacency, and every effort is being made to establish the School Dental Service as an important factor in the general health services of the Borough.

There has been an increasing awareness by parents of the value of orthodontic treatment, and much time has been spent in this branch of dentistry. Twenty six appliances have been provided. Extraction of teeth, both temporary and permanent, at the correct age, is of importance in the correction of malocclusion and irregularity and very often makes an appliance unnecessary. There is less tendency to caries where the teeth are regular and not overcrowded.

Twenty-four partial dentures were supplied to children who lost incisor teeth, through neglect, accident or other causes. Two crowns and two inlays were also fitted.

The loyalty of the staff and the helpful co-operation of the head teachers of the schools have both contributed to the smooth working of the Service.

Number Inspected in Schools			Not Requiring Treatment		Number with Defects Requiring Treatment	
Boys.	Girls.	Total.	Boys.	Girls.	Boys.	Girls.
5,076	4,755	9,831	2,889	2,609	2,817	2,146

Number found, at school inspection, to require treatment	4333
Number of casual attenders who required treatment	929

Total	5262
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Number who attended School Dental Clinic....	3250
Parents indifferent and no treatment received, or treatment received privately, or left school or town	1875

Dental treatment given:—

Fillings			Extractions.			Adminis- trations of General Anaes- thetics for Ex- tractions	Other Operations		
Temp- orary Teeth	Per- manent Teeth	Total Fillings	Temp- orary Teeth	Per- manent Teeth	Total Extrac- tions		Temp- orary Teeth	Per- manent Teeth	Total. other Opera- tions
32	1,539	1,571	5,148	749	5,897	1,887	26	659	685

Number of orthodontic appliances provided during 1952	26
„ „ patients still undergoing orthodontic treatment at the end of 1951	8
„ „ partial dentures provided (23 patients)	24

School Camp. The permanent Camp School at Hest Bank, near Morecambe was opened on April 18th and closed on 3rd October. 281 boys and 293 girls were sent to camp for a fortnight. This entailed the medical examinations of 597 children.

Convalescent Home. The Thursby Convalescent Home at Lytham, St. Annes was open for the reception of children from 1st April to 30th September. 78 boys and 67 girls from Burnley were selected and sent to the Home for periods of two to three weeks.

PROVISION OF MEALS AND MILK.

Meals Provided :—				During year	
				ended 31/3/53	ended 31/3/52
Breakfasts (Approx.)	....	....	....	189,000	186,000
Dinners	....	....	....	1,105,000	1,145,000
Teas	....	....	....	295,000	325,000
				<hr/> 1,589,000	<hr/> 1,656,000

The highest number of children fed in any one week was 24,480 and the lowest 21,393, the average, excluding holidays, being 18,348.

Milk. In December, 1952, 9,901 children (7,507 Primary and Nursery, 2,394 Secondary), received milk. Thus about 78% of the school children were receiving milk at the end of the year.

In accordance with the recommendations of the Board of Education in Circular 1443, for the selection of children requiring supplementary nourishment, periodical nutrition surveys were continued.

Cod Liver Oil. Nine hundred children received cod liver oil and malt preparations (total 961 lbs.), iron tonic and vitamin preparations.

School Baths. The Education Committee arrange for the attendance of classes of children at the Public Swimming Baths, usually during school hours. 61,776 attendances were made at the three swimming baths, compared with 65,797 last year.

School Journeys. No alterations have been made in the arrangements in operation to enable children to travel free on public vehicles to the Special School and the School Clinic.

CO-OPERATION OF PARENTS, TEACHERS,

SCHOOL WELFARE OFFICERS AND VOLUNTARY BODIES.

Co-operation with the various officers and voluntary bodies described on page 29 of my Report for 1951 was well maintained during the year under review, and their assistance has helped greatly in the routine work of inspection, follow-up and general after-care of children with defects and of handicapped pupils who require special supervision and special educational treatment. Meetings, as suggested in the joint circular of the Home Office and Ministries of Health and Education (225/50 of 31st July, 1950), have been held monthly,

under the chairmanship of the Medical Officer of Health, of officers of the local authority and local voluntary bodies, to consider cases of children neglected or ill-treated in their own homes. These meetings have proved useful in deciding on the most suitable lines of action to be taken in individual cases. They are attended by the School Medical Officer, the Children's Officer, the Senior Probation Officer, the Senior School Welfare Officer, the Superintendent Nursing Officer, the Housing Manager, the Social Worker of the House of Help, the Secretary of the Council of Social Service and the Inspector of the National Society for the Prevention of Cruelty to Children. The Educational Psychologist and Chief Sanitary Inspector are called in when necessary.

Parents continue to attend well when their children are being examined at the clinic and on the first inspections in Schools. The numbers of parents who were present when children were being submitted to routine inspection were:—

With the Entrants	....	....	....	1406 or 69.8%
„ „ Second Age Groups	....	....	....	291 or 27.4%
„ „ Third Age Groups	....	....	....	29 or 3.1%

HANDICAPPED PUPILS.

Educationally Subnormal. The accommodation in Coal Clough Day Special School for educationally subnormal children was fully used throughout the year, there being 62 Burnley pupils in attendance at the end of the year. The accommodation is for 60 pupils.

Difficulty is still being experienced in finding places in residential special schools and boarding schools for handicapped pupils, particularly maladjusted pupils and those who have multiple defects, such as educational subnormality and maladjustment. Progress has been slow in providing a residential special school for maladjusted pupils by the adaptation of Wennington Hall, near Garstang, which is to be used jointly by the Education Authorities of Blackpool, Barrow-in-Furness, Bury and Burnley. Loan sanction has now been received and a tender accepted for the carrying out of the necessary adaptations of the premises. It would appear that the proposal to adapt part of Lowther Castle as a Boarding Special School for educationally subnormal pupils from the areas of these four authorities will not be proceeded with, on account of the high estimated cost of the adaptation of these premises, and the building of a new Boarding Special School for educationally subnormal children, on a site in Clitheroe, to be used jointly by the four authorities, will probably not be possible in the near future.

Deaf Children. In December, 1952, the numbers of deaf and partially deaf children being educated in residential special schools were:—

	Deaf	Partially Deaf
Royal Cross School for the Deaf, Preston....	2	3
Thomasson Memorial School for the Deaf, Bolton	—	2
Mary Hare Grammar School for the Deaf, Newbury	—	1
St. John's Institution for the Deaf, Boston Spa	2	—
Royal Residential School for the Deaf, Manchester	3	—

Four of these were sent to these residential schools during 1952.

Blind Children. In December, 1952, two partially-sighted pupils were being educated in the Preston Residential School for Partially-Sighted Children, and during the year one boy left this school to take up employment. One blind pupil was in an independent residential special school. A blind girl who also suffers from epilepsy, was re-admitted to Condoover Hall School after receiving treatment for epilepsy. A blind boy, who is also physically handicapped, and a blind girl, who is also educationally subnormal, received home tuition. Another blind boy, who is in addition educationally subnormal and epileptic, is now receiving home tuition.

**Handicapped Pupils requiring Education at Special Schools (other than
Hospital Schools) or Boarding in Boarding Homes.**

	(1) Blind. (2) Partially sighted.		(3) Deaf. (4) Partially Deaf.		(5) Delicate. (6) Physi- cally Handi- capped.		(7) Educa- tionally sub-normal. (8) Mal- adjusted.		(9) Epi- leptic	Total 1—9
In the calendar year: ended 31st Dec., 1952	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
a. Handicapped Pupils newly placed in Special Schools or Board- ing Homes	—	—	3	1	42	—	19	5	—	70
b. Handicapped Pupils newly ascertained as requiring educa- tion at Special Schools or board- ing in Homes	—	—	—	1	42	1	19	4	1	68
On December 1st, 1952										
c. Number of Handi- capped Pupils from the area—										
(i) attending Special Schools as										
(a) Day Pupils	—	—	—	—	116	—	61	—	—	177
(b) Boarding Pupils	—	—	—	2	—	1	1	—	—	4
(ii) attending indep- endent schools (under arrange- ments made by ... the Authority	1	2	7	4	—	5	3	7	—	29
(iii) Boarded in Homes and not already in- cluded (i) or (ii)	—	—	—	—	—	—	—	—	—	—
TOTAL (c)	1	2	7	6	116	6	65	7	—	210
d. Number of Handi- capped Pupils being educated under arrange- ments made under Sec. 56 of the Education Act, 1944—										
(a) In Hospitals	—	—	—	—	—	—	—	—	—	—
(b) Elsewhere (Home Tuition)	2	—	—	—	—	5	—	—	—	7
e. Number of Handi- capped Pupils from the area re- quiring places in Special Schools (in- cluding any such unplaced children who are temporary receiving home tuition)	2	—	—	—	—	1	5	1	1	10

Twenty-one children left the Day Special School for Educationally Sub-normal Pupils during 1952. Of these, 3 returned to primary or secondary schools, 9 reached school-leaving age and commenced work, one left town, 2 were reported to the Local Authority for Mental Deficiency, 5 were admitted to residential special schools and one was found to suffer from epilepsy and excluded and given home tuition pending admission to a residential school for epileptics.

Number of children reported to the Local Health Authority during the calendar year, under Section 57(3)—7, and under Section 57(5)—0, of the Education Act, 1944.

Mentally defective children under 16 years of age who are:—

	Boys		Girls	
Under Statutory Supervision	5	....	10	
In Certified Institutions	8	....	3	
	16	....	13	

Eleven children (7 boys and 4 girls) were in attendance at the Occupation Centre for ineducable defectives at the end of 1952.

Diabetic Pupils. No diabetic pupils were known to be in attendance at any school or to require residential care.

Epileptic Pupils. Ten boys and two girls who suffer from epilepsy were in attendance at ordinary day schools; of these eight suffer from major and four from minor epilepsy. Ten have been under supervision for several years and two were ascertained during 1952. No epileptic children were in special schools. One child previously in attendance at the Day Special School, was ascertained towards the end of the year as epileptic, excluded from the school and put on the waiting list of a residential school for epileptics.

Maladjusted Children. At the end of 1952, seven maladjusted pupils were in residential, independent schools, and one was awaiting admission. Of these, five were placed during the year.

It is still not possible to obtain a full staff for a Child Guidance Clinic, but the Educational Psychologist has, with the co-operation of the Assistant School Medical Officers, undertaken most useful work in the investigation, not only of maladjusted, but of other cases of Anti-social and educationally subnormal children.

Mrs. C. Rivett, M.A., submits the following report:—

The school psychological service is a link between the health and education services and deals with borderline states of health and with dullness and anti-social behaviour in school children. The clinic aims at preventive and educative work, and often work of this kind by a psychological unit may achieve more lasting results than ensue from treating emotional disturbances. School placement in the child's best interests, generally brings about improvement in the standards of work and character.

Source of cases. Children aged two to eighteen are referred by head teachers who have found them dull or backward. Other social workers may refer children where there is evidence of maladjusted behaviour. In some cases parents themselves request an interview. This year the emphasis of the work has shifted slightly from the ascertainment of the dull to behaviour and personality problems. Many and varied ones have been referred, for example absconsion, sleeping out, purse snatching, bullying, night terrors, enuresis, asthma, stammering, undue defiance, temper tantrums.

Accommodation, Personnel and Techniques. The Educational Psychologist and the School Medical Officers hold regular consultations, and, in every case referred, a detailed examination takes place of the child, parents and environment. The pleasant clinic rooms have allayed fears. As there is as yet no Psychotherapist present to receive, observe and handle children, who for diagnostic reasons must remain separate from their parents, the privacy of a separate waiting-room has been appreciated by parents, and has preserved play-apparatus. Often, in the freedom of the clinic atmosphere, a child will reveal before his own parents traits which surprise them, since the child has hitherto successfully concealed them, and this results in the parents enlisting further help. Most of them are glad of advice on child-management, but in some few cases merely the technique of the parents changes, basic attitudes remaining little altered and continuing to affect the child, for the underlying neurosis cannot be treated with only a skeleton staff. Such parents are usually preoccupied with an alarming or socially inconvenient symptom, such as incontinence or wandering, and try to deny that anything more is necessary than its banishment. It is necessary then to show the parent the connection between the acute symptom and psychological disturbance, and progress is usually reported on subsequent visits.

Diagnosis is partly based on measurement of the intelligence and appraisal of behaviour by skilled techniques. The tests are:—

1. A Verbal test, usually the Terman-Merrill revision of the Stanford-Binet Scale. This year apparatus for the alternative version has been procured, which permits the re-testing of a child within a short period without practice-effect.
2. Performance tests such as (a) The Drever-Collins battery, completed this year by the addition of the Healy Picture Completion Test 1. (b) Raven's Matrices, 1938 and 1947 Editions, with the Mill Hill and Crichton Vocabulary Scales. (c) Koh's Blocks. (d) Porteus Mazes. (e) Healy Picture Completion Test 2.
3. Projective tests. To Raven's "Projection Test" we have added Jackson's "Family Attitudes Test." Toys and paints are available for free self-expression.
4. Attainment tests. Burt's Graded Word Reading Test is usually employed.
5. Additional tests: Burt's Reasoning Tests, etc.

In order to avoid non-clinical use of diagnostic tests, teachers proposing to do individual testing within the schools have been recommended to use Burt's revision of the Stanford-Binet Scale and Valentine's Tests for Children.

In all cases the Head-teacher makes a full report, and when making recommendations, the social circumstances and conditions are taken into account. The clinical examination may result in a request for specialist opinion.

The service aims at the fullest and frankest co-operation with parents, teachers and school welfare officers. The causes of backwardness or misbehaviour or anxiety are frequently not congenital dullness, but spring from ill-health, unsuitable teaching methods, absence (not always with justification), home-attitudes and shock. Where the parents need to be helped to face the fact that the child is educationally subnormal, and to accept a place in the Day Special School, the child himself usually knows that he cannot keep pace with ordinary instruction, and has for years experienced the humiliation of failure. The work of the Day Special School has meaning and purpose, and its public relations are important; they depend on the intelligent appreciation of its aims by all teachers of the ordinary classes.

Cases dealt with. The Educational Psychologist continues to serve Burnley eight sessions weekly. Eighty-nine school children were treated, some returning for further observation and investigation so that a total of 150 attendances were made. In addition 3 pre-school children made between them 4 visits. Very few appointments were not kept. In some proportion of cases resistance is natural, but since in every case it is desirable to see at least one parent once, Headteachers are now notified of the date of the appointment, and closer co-operation with School Welfare Officers will probably make more parents take advantage of the service as it continues to make itself known.

During the 150 visits of parents to the clinic, detailed advice was offered.

The Educational Psychologist, when she paid 120 visits to schools, was often consulted about other pupils with difficulties.

Recommendations (In cases seen for the first time).

Ordinary school with modified treatment	....	....	....	48
For transfer to another school	....	....	....	4
Ordinary school with special education as an E.S.N. pupil	....	....	....	7
Education in a Day Special School for E.S.N. pupils	....	....	....	17
Residential Special School for E.S.N. and Maladjusted Pupils	....	....	....	3
Recommendation to Local Authority as Ineducable	....	....	....	5
Under observation	....	....	....	5
				<hr/>
				89
				<hr/>

Survey. A brief survey of the composition of the Backward Class for the Retarded, at Stoneyholme Junior School, was started in November, with the aim of making recommendations for the best means of determining intake and length of stay.

The Treatment of Speech Defects. After a lapse of seventeen months, a Speech Therapist commenced treatment in September, 1952. Of 78 children with speech defects referred to her, 68 were selected for treatment. Of the latter number, 30 were stammerers, 29 were diplalics, 3 had cleft palate and 6 had voice disorders. Seven patients were discharged from treatment by the end of the year, four of whom were speaking normally, and three had improved to such an extent that they could practice at home without supervision. These 68 children made 797 attendances at the Speech Clinic.

Of the 78 cases under supervision, 57 were boys and 29 girls. 70 were in attendance at primary and secondary schools, 5 attended special schools, and 3 had not yet commenced school.

In addition to visits to Schools for consultation with head teachers on individual cases, the Speech Therapist interviewed and advised 71 parents.

Co-operation between the Assistant Medical Officers, the Speech Therapist and the Educational Psychologist has been of much value in the treatment of special cases.

Delicate Pupils. Forty two children classified as "delicate," were ascertained for the first time and forty two were admitted to the Day Open Air School, during the year.

Thirty-four children made 381 attendances at the General Hospital for artificial light therapy.

The Day Open Air School. Children classified as "delicate" and others handicapped in various ways, including a few from the adjoining districts of Lancashire County, are educated in the Open Air School.

The following are statistics for the Open Air School for the year, 1952:—

	Boys	Girls	Total
Admitted during 1952	21	21	42
Discharged during 1952	26	16	42
Average number of children on roll	...	...	119
Average attendance throughout the year	...	...	100

Average Duration of Stay of those Discharged—4 years, 4 months.

Average Gain in Weight since admission of those Discharged—30·14 lbs.

Average Gain in Weight per Child during the year, 6·9 lbs.

Reasons for Admission:—

Respiratory Diseases	11
Malnutrition	10
Asthma	4
Psychological Conditions	3
Adenitis	2
Rheumatic Conditions	2
Anæmia	1
Spastic Paralysis	1
Cardiac Lesion	1
Other Conditions	7
	<hr/> 42 <hr/>

Physically Handicapped Pupils. At 1st December, 1952, seventy pupils were classified as physically handicapped. Of these, one was newly ascertained during the year. One was in a boarding school and five were in a residential independent school. One was awaiting admission to a boarding school at the end of the year. Sixty-one children, although physically handicapped, were able to attend ordinary day schools. In addition, one handicapped child was in a special hospital, which has a school attached to it.

Many of the children classified as physically handicapped suffer from crippling defects and others from organic diseases of the cardiac and respiratory systems, etc. Page 18 gives statistics of the orthopædic cases dealt with in the Orthopædic Clinic.

Tuberculosis. All cases of definite or suspected respiratory tuberculosis were referred to the chest physician, who arranged for appropriate treatment or supervision.

Inspection of Feet and Footwear. Of the 4,483 children whose footwear was inspected and checked for correct fit, less than half (46%) wore laced boots or shoes. Relatively fewer children wore clogs than in the previous two years; they were only 7·5% of the total, as compared with 10·7% in 1951 and 11·9% in 1952. There has been a gradual decline, observed over a number of years, in the wearing of clogs, both by children and adults. The wearing of clogs by children is now almost entirely confined to the younger scholars; of 937 children aged 14 years and over, only 20 wore clogs. The wearing of sandals by the two younger age-groups of children shows an increase in the last three years; this is not attributable to drier weather in the summer months.

In 1952, it was found that of children who wore laced boots or shoes, the percentages in each of the three age groups who had a correct fit, or who wore footwear which was too large or too small, approximated very closely to the findings in the same groups for the year 1951, and in each of these two years the percentages with incorrectly fitting boots and shoes were generally less than that which pertained in 1950. As, however, 1950 was the first year in which these measurements were recorded, it may be that the staff were at the outset less adept at ascertaining accurate measurements.

Again in 1952, as in the previous two years, the intermediate age-groups of children (aged 10 to 13 years) had a lower rate of correctly fitting laced boots and shoes, but in each year, in this age group, the percentage with too large footwear exceeded that of the other age groups. The fact that in a three-year survey it is found that less than two-thirds of these children had correctly fitting boots and shoes cannot be viewed with complacency. Where the fit is not correct, the error lies more in the footwear being too large rather than too small. In fact the ratio of too large to too small is roughly 3 to 1. Even so, of 2,054 children wearing laced boots or shoes, 208 had footwear which was too small, and, therefore, too tight for them, and which would tend to distort their feet. Footwear which is too large can also be detrimental to the feet, although it may not have such serious effects. The fact that 564 of these 2,054 children were wearing boots or shoes which were too large, would seem to indicate that many parents tend to purchase footwear on the large side, to allow for growth and avoid frequent renewal.

Because of the rigidity, both of the wooden soles and the strong leather uppers, clogs are generally worn looser fitting, hence the high proportion of wearers of both the laced and bar-types of clogs, who are recorded as having clogs which are too large. For the same reason, clogs which are too small are very uncomfortable and cause much constriction of the feet. Very few children wear tight-fitting laced clogs, but bar-typed clogs, which generally have ample width and give more freedom of movement of the foot in the clog, were found to be too short in 10% of the wearers, and in these instances the deficiency in length must tend towards distortion of the foot, if they are worn for any length of time.

It is generally agreed that shoes fastened with a bar or strap are not so satisfactory for children as laced shoes. 10% of the children whose footwear was investigated were found to wear this type of shoe, and it is surprising to find that not only in 1952, but in the previous two years, the percentage with this type of shoe which was too small for the wearers was much higher than for other types of footwear, and this is so particularly in the youngest age group of children, where 25% of such shoes were too small for their wearers. The percentage of tight-fitting Wellingtons (19%) is also too high.

Foot Defects. The survey of the foot defects in relation to type and fit of footwear was continued in 1952, and as in the previous two years no useful deductions can be made on the relationship between the incidence of foot defects and badly fitting footwear found at the time of inspection. Irrespective of the type of footwear worn, there is no significant difference between the percentages of children without foot defects who have correctly fitting or badly fitting footwear. In fact, callosities, abnormal toe nails and skin lesions were found somewhat more frequently in children who had correctly fitting footwear. Hallux Valgus was present in 1.8% of the children whose footwear was too large; in 1.2% of those in whom it was too small, and in 0.7% of those who had correctly fitting footwear. The few cases of claw toes were generally in children whose footwear was too large, no doubt being worn large for comfort.

FOOT INSPECTION—TYPES OF FOOTWEAR.

TYPE OF FOOTWEAR	Entrant Group Ages—2 to 9 years		Intermediate Group Ages—10 to 13 years		Leaver Group Ages 14 to 19 years		Others Various Ages		TOTAL All Ages
	No. of Pupils	Percentage	No. of Pupils	Percentage	No. of Pupils	Percentage	No. of Pupils	Percentage	
Laced Shoes or Boots	837	41.6	433	40.8	589	62.9	195	41.5	2054
Laced Clogs	36	1.8	48	4.5	17	1.8	21	4.5	122
Bar Shoes	203	10.1	104	9.8	98	10.5	43	9.2	448
Bar Clogs	123	6.1	52	4.9	3	0.3	41	8.7	219
Open Toes and/or open-heeled Sandals	412	20.4	147	13.8	37	3.9	68	14.5	664
Wellingtons	157	7.8	97	9.1	57	6.1	51	10.8	362
Other types of Footwear	246	12.2	181	17.1	136	14.5	51	10.8	614
TOTAL INSPECTED	2014		1062		937		470		4483

FITTING OF FOOTWEAR

Laced Shoes or Boots	Too Large Too Small Correct Fit	183 98 556	21.9 11.7 66.4	145 35 253	33.5 8.1 58.4	177 56 356	30.1 9.5 60.4	59 19 117	30.3 9.7 60.0	564 208 1282	27.5 10.1 62.4
Laced Clogs	T. L. T. S. C. F.	15 1 20	41.7 2.8 55.5	23 4 21	47.9 8.3 43.8	11 2 4	64.7 11.8 23.5	9 — 12	42.9 — 57.1	58 7 57	47.6 5.7 46.7
Bar Shoes	T. L. T. S. C. F.	22 52 129	10.8 25.6 63.6	15 19 70	14.4 18.3 67.3	26 19 53	26.5 19.4 54.1	5 14 24	11.6 32.6 55.8	68 104 276	15.2 23.2 61.6
Bar Clogs	T. L. T. S. C. F.	32 15 76	26.0 12.2 61.8	22 2 28	42.3 3.9 53.8	— — 3	— — 100.0	15 6 20	36.6 14.6 48.8	69 23 127	31.5 10.5 58.0
Open-toes and/or open-heeled Sandals	T. L. T. S. C. F.	102 42 268	24.8 10.2 65.0	60 9 78	40.8 6.1 53.1	17 2 18	45.9 5.4 48.7	19 5 44	27.9 7.4 64.7	198 58 408	29.8 8.7 61.5
Wellingtons	T. L. T. S. C. F.	38 31 88	24.2 19.8 56.0	30 20 47	30.9 20.6 48.5	27 8 22	47.4 14.0 38.6	12 10 29	23.5 19.6 56.9	107 69 186	29.5 19.1 51.4
Other types of footwear	T. L. T. S. C. F.	43 42 161	17.5 17.1 65.4	42 44 95	23.2 24.3 52.5	33 18 85	24.3 13.2 62.5	13 11 27	25.5 21.6 52.9	131 115 368	21.4 18.7 59.9

FOOT INSPECTION : DEFECTS FOUND, RELATED TO TYPE AND FIT OF FOOTWEAR.

	No. of Children	Corns	Callosities	Warts	Abnormal Nails	Skin Lesions	Hyperhidrosis	Bow Leg	Knock Knee	Toes In	Toes Out	Valgus Ankle Supple	V. A. Rigid	Pes Cavus	Hallux Valgus	Hallux Rigidus	Claw Toes	Hammer Toes	Deformed 5th Toe	Over-riding Toes	Other Defects	Total Defects	No. of Children without Defects	No. of Children with Defects	% without Defects	
2,502 Children Wearing Laced Shoes/Boots or Bar Shoes	Too Large 632		3		2	4		6	13	3	2	32		1	13		6	3	5	4	25	122	511	121	80.5	
	Too Small 312		2		2	1		3	6	1	3	17			5		3		1	2	6	52	261	51	83.7	
	Correctly Fitting 1553		15		4	20	2	6	26	1	27	61		9	10		3	9	8	39	34	274	1293	265	83.0	
	Total ... 2502		20		8	25	2	15	45	5	32	110		10	28		12	12	14	45	65	448	2065	437	82.5	
341 Children with Laced or Bar Clogs	T.L. ... 127		1			1		1	3		1	8	2		2		1			1	1	22	106	21	83.5	
	T.S. ... 30							1											2		3	27	3	90.0		
	C.F. ... 184				2	1		2	2		2	5			3			1		2	2	22	163	21	88.6	
	Total ... 341		1		2	2		4	5		3	13	2		5		1	1		5	3	47	296	45	86.8	
664 Children with Open-toes and/or Open-heeled Sandals	T.L. ... 193					1			1		1	8			2		1			2	5	21	177	21	89.4	
	T.S. ... 53				1				2			1			1					1		6	52	6	89.7	
	C.F. ... 408		1		1	1		5	4	4	4	17			4					13	5	60	348	60	85.3	
	Total ... 664		1		2	2		5	7	4	5	26			7		1			16	10	87	577	87	86.9	
362 Children with Wellington's	T.L. ... 107								3	3	1	4					2		1		1	15	93	14	86.9	
	T.S. ... 69					1		1			2	3							1		3	11	58	11	84.1	
	C.F. ... 186					2	1	2			1	5		1					1	7	3	23	163	23	88.2	
	Total ... 326					3	1	3	3	3	4	12		1			2		3	7	7	49	314	48	86.7	
614 Children with Other Types of Footwear	T.L. ... 131		1			2			1	1		7	1		5	1	2			5	5	31	100	31	76.3	
	T.S. ... 115		2			2		1	1	1	3	3			1					2	4	20	95	20	82.6	
	C.F. ... 363		6			5	1	3	1		10	4	1		1			1	2	10	5	50	318	50	86.4	
	Total ... 614		9			9	1	4	3	2	13	14	2		7	1	2	1	2	17	14	101	513	101	83.6	

MISCELLANEOUS.

Medical Inspection or treatment of pupils attending the Municipal College and School of Art, as part-time students, and Evening Continuation Classes is not undertaken.

No children were submitted to the School Medical Officer for medical examination regarding fitness to take part in entertainments.

The School Medical Officers examined 172 children under the Byelaws for regulating the Employment of Children and Street Trading.

I am indebted to the Director of Education for the following information.

Employment of children out of school hours in the sale of milk and newspapers, etc.

Occupations	Number of Children Employed at 31st Dec.
Delivery of Newspapers	186
Delivery of Milk	5
Carrying or Delivery of Food or Parcels	6
Shop Assistant	1
Entertainments	1
	<hr/> 199 <hr/>

One hundred and seventy one certificates were issued during the year and 164 had ceased. No licences were granted in respect of street trading by young persons between the ages of 16 and 18 years. Licences suspended or revoked—0. Licences refused—0. Number of children certified by the school medical officer as unfit for street trading—0.

MINISTRY OF EDUCATION.

**MEDICAL INSPECTION RETURNS,
YEAR ENDED 31st DECEMBER, 1952.**

LOCAL EDUCATION AUTHORITY, BURNLEY.

Table I.

**Medical Inspection of Pupils attending maintained Primary and Secondary Schools,
(including Special Schools).****(A) PERIODIC MEDICAL INSPECTIONS.**

Number of Inspections in prescribed Groups.

Entrants.....	.....	.....	.....	.....	.....	.....	.....	2014
Second Age Group	.....	.....	.....	.....	.....	.....	.....	1062
Third Age Group	.....	.....	.....	.....	.....	.....	.....	937
Total								4013
Number of other Periodic Inspections	.....	.....	.....	.....	.....	.....	.....	470
Grand Total								4483

(B) OTHER INSPECTIONS.

Number of Special Inspections	.....	.....	.....	.....	.....	.....	.....	1479
Number of Re-Inspections	.....	.....	.....	.....	.....	.....	.....	5181
Total								6660

(C) PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For Defective Vision (excluding Squint) (2)	For any of the other conditions recorded in Table II A (3)	Total individual pupils (4)
Entrants	25	170	195
Second Age Group ..	54	57	110
Third Age Group ...	32	45	77
Total (prescribed groups)	111	272	382
Other Periodic Inspections	6	33	39
Grand Total ...	117	305	421

Table II. (a) Return of Defects found by Medical Inspection in the year ended
31st December, 1952.

Defect Code No.	DEFECT OR DISEASE (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Requiring treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
4	Skin	43	261	174	10
5	Eyes—				
	a. Vision	117	119	262	41
	b. Squint	44	25	47	2
	c. Other	10	23	70	8
6	Ears—				
	a. Hearing	11	44	8	12
	b. Otitis Media	20	41	4	—
	c. Other	8	13	70	5
7	Nose or Throat	91	844	111	56
8	Speech....	14	66	23	9
9	Cervical Glands	1	73	5	5
10	Heart and Circulation	4	57	12	1
11	Lungs	11	260	57	21
12	Developmental—				
	a. Hernia	—	43	1	2
	b. Other	5	74	1	1
13	Orthopaedic—				
	a. Posture	3	66	2	—
	b. Flat Foot	5	60	—	1
	c. Other	32	275	53	16
14	Nervous system—				
	a. Epilepsy	2	2	1	—
	b. Other	3	48	5	7
15	Psychological—				
	a. Development	1	2	7	3
	b. Stability	1	20	3	2
16	Other	18	121	263	13

(b) Classification of the general condition of pupils inspected during the year in
the age groups.

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants....	2014	1262	62.7%	746	37.0%	6	0.3%
Second Age Group	1014	620	58.4%	437	41.1%	5	0.5%
Third Age Group	937	602	64.2%	335	35.8%	—	—
Other Periodic Inspections	470	291	61.9%	179	38.1%	—	—
Total	4483	2775	61.9%	1697	37.8%	11	0.3%

Table III.

Infestation with Vermin.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	....	....	....	....	44,110
(ii) Total number of individual pupils found to be infested	....	....	....	....	471
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	....	....	....	....	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	....	....	....	....	—

Table IV.

Treatment of Pupils attending Maintained Primary and Secondary Schools (Including Special Schools).**GROUP I. DISEASES OF THE SKIN.**

(Excluding uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year	
	by the Authority	otherwise
Ringworm— (i) Scalp	—	—
(ii) Body	4	—
Scabies	—	—
Impetigo	46	1
Other skin diseases	109	36
Total	159	37

GROUP II. EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	85	5
Errors of refraction (including squint)	737	135
Total	822	140
Number of pupils for whom spectacles were		
(a) Prescribed	496	106
(b) Obtained	444	106

GROUP III. DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment—		
(a) for diseases of the ear	—	—
(b) for adenoids and chronic tonsillitis	48	62
(c) for other nose and throat conditions	11	—
Received other forms of treatment	16	53
Total	75	115

GROUP IV. ORTHOPÆDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals	13	
	by the Authority	Otherwise
(b) Number treated otherwise, e.g., in clinics or out-patients departments	20	12

GROUP V. CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	89	—

GROUP VI. SPEECH THERAPY.

	Number of cases treated	
	by the Authority	Otherwise
Number of pupils treated by Speech Therapists	78	—

GROUP VII. OTHER TREATMENT GIVEN.

	Number of cases treated	
	by the Authority	Otherwise
(a) Miscellaneous minor ailments	271	14
(b) Other than (a) above (specify)		
1. Minor Ear Defects	95	25
2. Artificial Light	—	34
Total	366	73

